U.S. DEPARTMENT OF COMMERCE
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111

SEARCH REQUEST FORM

Requestor's Name: Blyveis

Serial Number: 08/646,520

Date: 6/26/97 Phone: 308-2110 Art Unit: 3306

Search Topic:

Please write a detailed statement of search topic. Describe specifically as possible the subject matter to be searched. Define any terms that may have a special meaning. Give examples or relevant citations, authors keywords, etc., if known. For sequences, please attach a copy of the sequence. You may include a copy of the broadest and/or most relevant claim(s).

Method for removing bone marrow using negative pressure, positive pressure + sonicating. A ~~sta~~ solvent is used which removes ~~bacte~~ bactria + viruses, see Claims.

STAFF USE ONLY

Date completed: 30-97

Searcher: [illegible]

Terminal time: 115

Elapsed time: _____

CPU time: _____

Total time: 1:15

Number of Searches: _____

Number of Databases: 1

Search Site

_____ STIC

_____ CM-1

_____ Pre-S

Type of Search

_____ N.A. Sequence

_____ A.A. Sequence

_____ Structure

_____ Bibliographic

Vendors

_____ IG Suite

_____ STN

_____ Dialog

_____ APS

_____ Geninfo

_____ SDC

_____ DARC/Questel

_____ Other

U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

SEARCH REQUEST FORM

Requestor's Name: Blyveis

Serial Number: [redacted]

Date: 6/26/97 Phone: 308-2110 Art Unit: 3306

Search Topic:

Please write a detailed statement of search topic. Describe specifically as possible the subject matter to be searched. Define any terms that may have a special meaning. Give examples or relevant citations, authors keywords, etc., if known. For sequences, please attach a copy of the sequence. You may include a copy of the broadest and/or most relevant claim(s).

Method for [redacted] using negative pressure, positive pressure + [redacted]
A ~~55~~ solvent is used which [redacted]
[redacted], see Claims.

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=> display history full l1-

     (FILE 'HOME' ENTERED AT 10:43:33 ON 30 JUN 1997)

     FILE 'LCA' ENTERED AT 10:44:00 ON 30 JUN 1997
L1            90 SEA BONEMARROW? OR BONE?(2A)MARROW? OR MARROW?
L2             0 SEA L1(3A)(REMOV? OR DETACH? OR WITHDRAW? OR EXTRACT? OR
                  EXT# OR EXTRICAT? OR EXCIS? OR EJECT? OR UNFASTEN? OR DIS
                  CONNECT? OR DISENGAG? OR STRIP OR STRIPS OR STRIPPED OR S
                  TRIPPING# OR FLUSH? OR IRRIGAT? OR PURG? OR CLEANS? OR CL
                  EAN? OR RINS? OR WASH? OR EXTIRPAT?)
L3             0 SEA L1(3A)(ENUCLEA? OR EXCAVAT? OR DREDG? OR DERACINAT? O
                  R ASPIRAT? OR SUCTION? OR (DRAW? OR SIPHON? OR SUCK?)(2W)
                  (OFF OR OUT) OR DRAIN?)
L4             0 SEA (L2 OR L3) AND BONE?
L5          2157 SEA PRESS OR PRESSUR?

     FILE 'WPIDS, BIOSIS, EMBASE' ENTERED AT 10:52:39 ON 30 JUN 1997
L6           194 SEA (L2 OR L3) AND BONE?
L7          2906 SEA (L2 OR L3) AND BONE?
L8          3088 SEA (L2 OR L3) AND BONE?
     TOTAL FOR ALL FILES
L9          6188 SEA L4
L10       244989 SEA VACUUM? OR VACUO# OR INVACUO# OR EVACUAT? OR SUCTION?
                  OR ASPIRAT?
L11        40444 SEA VACUUM? OR VACUO# OR INVACUO# OR EVACUAT? OR SUCTION?
                  OR ASPIRAT?
L12        43251 SEA VACUUM? OR VACUO# OR INVACUO# OR EVACUAT? OR SUCTION?
                  OR ASPIRAT?
     TOTAL FOR ALL FILES
L13       328684 SEA VACUUM? OR VACUO# OR INVACUO# OR EVACUAT? OR SUCTION?
                  OR ASPIRAT?
L14        59300 SEA BACTER? OR BACILL?
L15       374942 SEA BACTER? OR BACILL?
L16       451038 SEA BACTER? OR BACILL?
     TOTAL FOR ALL FILES
L17       885280 SEA BACTER? OR BACILL?
L18        19627 SEA VIRUS? OR VIRAL? OR VIRIC?
L19       379698 SEA VIRUS? OR VIRAL? OR VIRIC?
L20       290034 SEA VIRUS? OR VIRAL? OR VIRIC?
     TOTAL FOR ALL FILES
L21       689359 SEA VIRUS? OR VIRAL? OR VIRIC?
L22        50444 SEA SONIC? OR ULTRASONIC? OR ULTRASOUND? OR ULTRA(2W)SOUN
                  D?
L23        60443 SEA SONIC? OR ULTRASONIC? OR ULTRASOUND? OR ULTRA(2W)SOUN
                  D?
L24        60645 SEA SONIC? OR ULTRASONIC? OR ULTRASOUND? OR ULTRA(2W)SOUN
                  D?
     TOTAL FOR ALL FILES
L25       171532 SEA SONIC? OR ULTRASONIC? OR ULTRASOUND? OR ULTRA(2W) SOU
                  ND?
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     FILE 'LCA' ENTERED AT 11:00:13 ON 30 JUN 1997
L26         2059 SEA SOLVENT? OR RESOLVENT? OR RESOLUTIV? OR DILUENT? OR E
                 LUENT? OR FLUX?
L27  DEL       0 FILE EMBASE

     FILE 'WPIDS, BIOSIS, EMBASE' ENTERED AT 11:02:42 ON 30 JUN 1997
L27           53 SEA L6 AND (L5 OR L10)
L28         1631 SEA L7 AND (L5 OR L11)
L29         1752 SEA L8 AND (L5 OR L12)
     TOTAL FOR ALL FILES
L30         3436 SEA L9 AND (L5 OR L13)
L31            0 SEA L27 AND L22
L32            8 SEA L28 AND L23
L33           14 SEA L29 AND L24
     TOTAL FOR ALL FILES
L34           22 SEA L30 AND L25
L35            3 SEA L27 AND (L14 OR L18)
L36          109 SEA L28 AND (L15 OR L19)
L37          162 SEA L29 AND (L16 OR L20)
     TOTAL FOR ALL FILES
L38          274 SEA L30 AND (L17 OR L21)
L39            1 SEA L35 AND L26
L40            0 SEA L36 AND L26
L41            0 SEA L37 AND L26
     TOTAL FOR ALL FILES
L42            1 SEA L38 AND L26
L43            3 SEA L35 AND L10
L44          109 SEA L36 AND L11
L45          162 SEA L37 AND L12
     TOTAL FOR ALL FILES
L46          274 SEA L38 AND L13
L47            0 SEA L35 AND L5
L48            1 SEA L36 AND L5
L49            1 SEA L37 AND L5
     TOTAL FOR ALL FILES
L50            2 SEA L38 AND L5

     FILE 'LCA' ENTERED AT 11:09:06 ON 30 JUN 1997
L51            0 SEA L1(3A)(REMOV? OR WITHDRAW? OR EXTRACT? OR EXT# OR EXT
                 RICAT? OR STRIP OR STRIPS OR STRIPPED OR STRIPPING# OR EX
                 TIRPAT?)
L52            0 SEA L1(3A)(FLUSH? OR IRRIGAT? OR PURG? OR CLEANS? OR CLEA
                 N? OR RINS? OR WASH?)
L53            0 SEA L1(3A)(ENUCLEA? OR EXCAVAT? OR DREDG? OR DERACINAT? O
                 R ASPIRAT? OR SUCTION? OR (DRAW? OR SIPHON? OR SUCK?)(2W)
                 (OFF OR OUT) OR DRAIN?)
L54            0 SEA (L51 OR L53) AND BONE?
L55            0 SEA L52 AND BONE?

     FILE 'WPIDS, BIOSIS, EMBASE' ENTERED AT 11:20:23 ON 30 JUN 1997
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What is Claimed:

1. A method for removing bone marrow from an essentially intact bone graft comprising:

inducing a pressure mediated flow of solvent through an opening in a bone shaft of said essentially intact bone graft, wherein said pressure mediated flow is carried out for a time effective to remove said bone marrow from said essentially intact bone graft.

2. The method of claim 1, wherein said flow of solvent is mediated at a positive pressure of 1 atmosphere or above.

3. The method of claim 1, wherein said flow of solvent is mediated at a negative pressure below 1 atmosphere.

4. The method of anyone of claims 2 or 3, wherein said pressure mediated flow is induced, and effluent solvent solubilized bone marrow is collected, in an essentially closed system.

5. A method for reducing an initial quantity of viral particles and bacterial particles present in an essentially intact bone graft, comprising:

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removing bone marrow including any contaminating viral particles and bacterial particles, from said essentially intact bone graft to produce a cleaned bone graft, wherein said initial quantity of viral and bacterial particles present in said cleaned bone graft is at a level below said initial quantity of viral particles and bacterial particles.

6. The method according to claim 5, wherein said step of removing bone marrow, comprises:

inducing a pressure mediated flow of solvent through an opening in a bone shaft of said essentially intact bone graft, wherein said pressure mediated flow of solvent is effective to remove said bone marrow.

7. The method of claim 6, wherein said flow of solvent is mediated at a positive pressure of 1 atmosphere or above.

8. The method of claim 6, wherein said flow of solvent is mediated at a negative pressure below 1 atmosphere.

9. The method of claim 6, further comprising:

inactivating said contaminating viral particles and bacterial particles, wherein said step of removing and said step of inactivating are performed simultaneously.

10. The method of any one of claims 1, 6 or 9, wherein said solvent comprises one or more members selected from the group consisting of:

a bacteriocidal agent and a viricidal agent.

11. The method of any one of claims 9 or 10, wherein said method is carried out within an essentially closed system.

12. An essentially intact bone graft free from bone marrow elements and suitable for transplantation into a human, produced by the process as claimed in any one of claims 1, 5, 6 or 9.

13. An essentially intact bone graft essentially free from bone marrow elements and essentially free from viral and bacterial contamination, and suitable for transplantation into a human, produced by the process as claimed in any one of claims 1, 5, 6 or 9.

14. A method for producing an essentially intact bone graft suitable for transplantation into a human, comprising:

inducing a negative pressure mediated flow of a first solvent, said first solvent comprising one or more detergents, through an opening in a bone shaft of said essentially intact bone graft to produce a cleaned intact bone graft; wherein said

negative pressure mediated flow is carried out for a time effective to produce a cleaned bone graft essentially free from bone marrow.

15. The method of claim 14, wherein a first volume of said first solvent is drawn through said essentially intact bone graft and is collected as waste.

16. The method of claim 15, further comprising:

inducing a negative pressure mediated flow of a second volume of said first solvent through said opening wherein said second volume of said first solvent is recirculated through said essentially intact bone graft.

17. The method of anyone of claims 15 or 16, further comprising:

inducing a negative pressure mediated flow of a second solvent, said second solvent comprising a decontaminating agent, through said opening to produce a decontaminated intact bone graft.

18. The method of claim 17, wherein a second volume of said second solvent is drawn through said essentially intact bone graft and is collected as waste.

19. The method of claim 18, further comprising:

inducing a negative pressure mediated flow of a second volume of said second solvent through said opening wherein said second volume of said second solvent is recirculated through said essentially intact bone graft.

20. An essentially intact bone graft suitable for transplantation into a human produced by the process as claimed in anyone of claims 14-18 or 19.

21. An essentially intact bone graft suitable for implantation into a human comprising:

an essentially intact bone graft essentially free from bone marrow elements, bacteria particles and virus particles.

22. The bone graft of claim 21, produced by the process as claimed in anyone of claims 1, 5, 6, 14 or 17.

23. The method of anyone of claims 15 or 17, wherein said waste is collected in an essentially closed system.

24. The method of any one of claims 1, 3, 6, 14, 15 or 16, further comprising:

sonicating said essentially intact bone graft in an ultrasonic cleaner, wherein said inducing is carried out simultaneously with said sonicating.

25. The method of claim 24, wherein said ultrasonic cleaner is operated in a range of from 40KHz to 47 KHz.

26. An essentially intact bone graft suitable for transplantation into a human, produced by the process as claimed in claim 24.

27. An essentially intact bone graft suitable for implantation into a human produced by the process as claimed in 25.

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L56          156 SEA (L51 OR L53) AND BONE?
L57         2073 SEA (L51 OR L53) AND BONE?
L58         2121 SEA (L51 OR L53) AND BONE?
     TOTAL FOR ALL FILES
L59         4350 SEA L54
L60           44 SEA L52 AND BONE?
L61          837 SEA L52 AND BONE?
L62          986 SEA L52 AND BONE?
     TOTAL FOR ALL FILES
L63         1867 SEA L55
L64           51 SEA L56 AND (L10 OR L5)
L65         1630 SEA L57 AND (L11 OR L5)
L66         1748 SEA L58 AND (L12 OR L5)
     TOTAL FOR ALL FILES
L67         3429 SEA L59 AND (L13 OR L5)
L68           48 SEA L56 AND L10
L69         1626 SEA L57 AND L11
L70         1742 SEA L58 AND L12
     TOTAL FOR ALL FILES
L71         3416 SEA L59 AND L13
L72       270622 SEA VACUUM? OR VACUO# OR INVACUO# OR EVACUAT? OR (LOW OR
                 LOWER? OR DECREAS? OR DIMINISH? OR REDUC? OR REDN#)(2A)(P
                 RESS OR PRESSUR?)
L73        45757 SEA VACUUM? OR VACUO# OR INVACUO# OR EVACUAT? OR (LOW OR
                 LOWER? OR DECREAS? OR DIMINISH? OR REDUC? OR REDN#)(2A)(P
                 RESS OR PRESSUR?)
L74        49202 SEA VACUUM? OR VACUO# OR INVACUO# OR EVACUAT? OR (LOW OR
                 LOWER? OR DECREAS? OR DIMINISH? OR REDUC? OR REDN#)(2A)(P
                 RESS OR PRESSUR?)
     TOTAL FOR ALL FILES
L75       365581 SEA VACUUM? OR VACUO# OR INVACUO# OR EVACUAT? OR (LOW OR
                 LOWER? OR DECREAS? OR DIMINISH? OR REDUC? OR REDN#)(2A)(P
                 RESS OR PRESSUR?)
L76           14 SEA L64 AND L72
L77            3 SEA L65 AND L73
L78            4 SEA L66 AND L74
     TOTAL FOR ALL FILES
L79           21 SEA L67 AND L75
L80            1 SEA L60 AND L72
L81            0 SEA L61 AND L73
L82            0 SEA L62 AND L74
     TOTAL FOR ALL FILES
L83            1 SEA L63 AND L75
L84            0 SEA L64 AND L22
L85            8 SEA L65 AND L23
L86           14 SEA L66 AND L24
     TOTAL FOR ALL FILES
L87           22 SEA L67 AND L25
L88            0 SEA L60 AND L22
L89            0 SEA L61 AND L23
L90            0 SEA L62 AND L24
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     TOTAL FOR ALL FILES
L91            0 SEA L63 AND L25
L92           22 SEA L6 AND (L5 OR L72)
L93           18 SEA L7 AND (L5 OR L73)
L94           22 SEA L8 AND (L5 OR L74)
     TOTAL FOR ALL FILES
L95           62 SEA L9 AND (L5 OR L75)
L96            2 SEA L92 AND (L14 OR L18)
L97            1 SEA L93 AND (L15 OR L19)
L98            1 SEA L94 AND (L16 OR L20)
     TOTAL FOR ALL FILES
L99            4 SEA L95 AND (L17 OR L21)
L100           0 SEA L92 AND L22
L101           0 SEA L93 AND L23
L102           0 SEA L94 AND L24
     TOTAL FOR ALL FILES
L103           0 SEA L95 AND L25
L104           1 SEA L92 AND L26
L105           0 SEA L93 AND L26
L106           0 SEA L94 AND L26
     TOTAL FOR ALL FILES
L107           1 SEA L95 AND L26
L108          38 SEA L1(3A)(ASPIRAT? OR SUCTION? OR (DRAW? OR SIPHON? OR S
                 UCK?)(2W)(OFF OR OUT) OR DRAIN?)
L109        1704 SEA L1(3A)(ASPIRAT? OR SUCTION? OR (DRAW? OR SIPHON? OR S
                 UCK?)(2W)(OFF OR OUT) OR DRAIN?)
L110        1796 SEA L1(3A)(ASPIRAT? OR SUCTION? OR (DRAW? OR SIPHON? OR S
                 UCK?)(2W)(OFF OR OUT) OR DRAIN?)
     TOTAL FOR ALL FILES
L111        3538 SEA L1(3A)(ASPIRAT? OR SUCTION? OR (DRAW? OR SIPHON? OR S
                 UCK?)(2W)(OFF OR OUT) OR DRAIN?)
L112           0 SEA L108 AND L22
L113           9 SEA L109 AND L23
L114          14 SEA L110 AND L24
     TOTAL FOR ALL FILES
L115          23 SEA L111 AND L25
L116           0 SEA L108 AND (L14 AND L18)
L117           8 SEA L109 AND (L15 AND L19)
L118          18 SEA L110 AND (L16 AND L20)
     TOTAL FOR ALL FILES
L119          26 SEA L111 AND (L17 AND L21)
L120           1 SEA L108 AND L26
L121           1 SEA L109 AND L26
L122           4 SEA L110 AND L26
     TOTAL FOR ALL FILES
L123           6 SEA L111 AND L26

     FILE 'WPIDS' ENTERED AT 11:47:49 ON 30 JUN 1997
L124          17 SEA L35 OR L39 OR L76 OR L80 OR L96 OR L104 OR L120
L125           7 SEA L92 NOT L124
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     FILE 'BIOSIS' ENTERED AT 11:48:49 ON 30 JUN 1997

     FILE 'BIOSIS' ENTERED AT 11:51:08 ON 30 JUN 1997
L126          22 SEA L32 OR L48 OR L77 OR L85 OR L97 OR L113 OR L117 OR L1
                 21
L127          14 SEA L93 NOT L126

     FILE 'EMBASE' ENTERED AT 11:51:49 ON 30 JUN 1997
L128          41 SEA L33 OR L49 OR L78 OR L86 OR L98 OR L114 OR L118 OR L1
                 22
L129           9 SEA L49 OR L78 OR L98 OR L122
L130          32 SEA L128 NOT L129
L131          17 SEA L94 NOT (L129 OR L130)

     FILE 'MEDLINE' ENTERED AT 11:53:24 ON 30 JUN 1997
                 E BONE MARROW PURGING/CT
L132         933 SEA "BONE MARROW PURGING"+NT/CT
                 E BONE MARROW TRANSPLANTATION/CT
L133       21888 SEA "BONE MARROW TRANSPLANTATION"+NT/CT
                 E BONE MARROW/CT (L) TRANSPLANTATION/CT
                 E BONE MARROW/CT
L134       56162 SEA "BONE MARROW"+NT/CT
L135       10133 SEA L134 (L) TRANSPLANTATION/CT
                 E HEMATOPOIETIC STEM CELL TRANSPLANTATION/CT
L136        3132 SEA "HEMATOPOIETIC STEM CELL TRANSPLANTATION"+NT/CT
                 E SONICATION/CT
L137        1332 SEA SONICATION+NT/CT
                 E ULTRASONICS/CT
L138       29450 SEA ULTRASONICS+NT/CT
                 E VIBRATION/CT
L139        8148 SEA VIBRATION+NT/CT
L140           1 SEA L132 AND (L137 OR L138 OR L139)
L141           6 SEA (L133 OR L135 OR L136) AND (L137 OR L138 OR L139)
L142       48433 SEA VACUUM? OR VACUO# OR INVACUO# OR EVACUAT? OR (LOW OR
                 LOWER? OR DECREAS? OR DIMINISH? OR REDUC? OR REDN#)(2A)(P
                 RESS OR PRESSUR?)
L143          11 SEA (L132 OR L133 OR L135 OR L136) AND L142
L144         208 SEA REMOV?(3A)(BONEMARROW? OR MARROW?)
L145          66 SEA (L132 OR L133 OR L135 OR L136) AND L144
L146           0 SEA L145 AND (L17 OR L21)
L147           0 SEA L145 AND L26
L148          18 SEA L140 OR L141 OR L143

     FILE 'HOME' ENTERED AT 12:12:26 ON 30 JUN 1997


     FILE HOME

     FILE LCA
     LCA IS A STATIC LEARNING FILE
```

THIS FILE CONTAINS CAS REGISTRY NUMBERS FOR EASY AND ACCURATE SUBSTANCE IDENTIFICATION.

This file contains CAS Registry Numbers for easy and accurate substance identification.

FILE WPIDS
FILE LAST UPDATED: 26 JUN 97 <970626/UP>
>>>UPDATE WEEKS:
MOST RECENT DERWENT WEEK 9726 <199726/DW>
DERWENT WEEK FOR CHEMICAL CODING: 9720
DERWENT WEEK FOR POLYMER INDEXING: 9723
DERWENT WORLD PATENTS INDEX SUBSCRIBER FILE, COVERS 1963 TO DATE
>>> D COST AND SET NOTICE DO NOT REFLECT SUBSCRIBER DISCOUNTS - SEE HELP COST FOR DETAILS <<<
>>> PCT PUBLICATIONS FROM 19 DECEMBER 1996 - SEE NEWS <<<

FILE BIOSIS
FILE COVERS 1969 TO DATE.
CAS REGISTRY NUMBERS AND CHEMICAL NAMES (CNs) PRESENT FROM JANUARY 1969 TO DATE.

RECORDS LAST ADDED: 24 June 1997 (970624/ED)
CAS REGISTRY NUMBERS (R) LAST ADDED: 24 June 1997 (970624/UP)

FILE EMBASE
FILE COVERS 1974 TO 25 Jun 1997 (970625/ED)

This file contains CAS Registry Numbers for easy and accurate substance identification.

FILE MEDLINE
FILE LAST UPDATED: 20 JUN 1997 (19970620/UP). FILE COVERS 1966 TO
+QLF/CT SHOWS YOU THE ALLOWABLE QUALIFIERS OF A TERM.

MEDLINE ANNUAL RELOAD AVAILABLE ON STN IN RECORD TIME (2/08/97).
ENTER HELP RLOAD FOR DETAILS.

THIS FILE CONTAINS CAS REGISTRY NUMBERS FOR EASY AND ACCURATE SUBSTANCE IDENTIFICATION.

=> file medline
FILE 'MEDLINE' ENTERED AT 12:42:26 ON 30 JUN 1997

FILE LAST UPDATED: 20 JUN 1997 (19970620/UP). FILE COVERS 1966 TO DATE.
+QLF/CT SHOWS YOU THE ALLOWABLE QUALIFIERS OF A TERM.

MEDLINE ANNUAL RELOAD AVAILABLE ON STN IN RECORD TIME (2/08/97).
ENTER HELP RLOAD FOR DETAILS.

THIS FILE CONTAINS CAS REGISTRY NUMBERS FOR EASY AND ACCURATE SUBSTANCE IDENTIFICATION.

=> d l148 1-18 all

L148 ANSWER 1 OF 18 MEDLINE
AN 97014745 MEDLINE
TI Induced healing of aneurysmal bone cysts by demineralized bone particles. A report of two cases.
AU Delloye C; De Nayer P; Malghem J; Noel H
CS Department of Orthopaedic Surgery, St-Luc University Clinics, Bruxelles, Belgium.
SO ARCHIVES OF ORTHOPAEDIC AND TRAUMA SURGERY, (1996) 115 (3-4) 141-5. Journal code: AT2. ISSN: 0936-8051.
CY GERMANY: Germany, Federal Republic of
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 9708
EW 19970801
AB Two cases of induced healing of aneurysmal bone cyst (ABC) following intralesional implantation of a bone paste made of autogeneic bone marrow and allogeneic bone powder are reported. The calcaneum in one case and the superior pubic ramus in the other were blown out by an ABC and would have required extensive surgery. Via a minimal exposure, the cyst was partially **evacuated** and filled with an admixture of a partially demineralized bone particles with bone marrow. Ossification of the peripheral shell was the first sign of healing and was observed within the first 3 postoperative months. Successful healing was observed in both cases. The rationale underlying this intralesional treatment was that the bone grafting material might reverse ABC expansion by promoting ossification through a bone induction mechanism. The concept of this treatment was to retain the ABC tissue, using its own intrinsic osteogenic potential to promote healing. By triggering intralesional new bone formation, the bone paste represented an effective means to reverse the expanding phase of ABC. The particulated bone allograft was easy to handle and to introduced in an irregular cavity. Moreover, as a complete cyst **evacuation** was not required, a minimal surgical approach could be used so that the risks and morbidity associated with an extensive approach were reduced. Its use is of particular interest in poorly accessible areas like the pelvis and spine.
CT Check Tags: Case Report; Female; Human
Adolescence
Adult
Bone Cysts, Aneurysmal: PP, physiopathology
*Bone Cysts, Aneurysmal: SU, surgery
***Bone Marrow Transplantation: MT, methods**
*Bone Transplantation: MT, methods
Calcaneus: RA, radiography

Calcaneus: SU, surgery
*Osteogenesis
Pubic Bone: RA, radiography
Pubic Bone: SU, surgery

L148 ANSWER 2 OF 18 MEDLINE
AN 96146925 MEDLINE
TI Bone changes in mucopolysaccharidosis VI in cats and the effects of bone marrow transplantation: mechanical testing of long bones.
AU Norrdin R W; Simske S J; Gaarde S; Schwardt J D; Thrall M A
CS Department of Pathology, Colorado State University, Fort Collins 80523, USA.
NC AR37095 (NIAMS)
SO BONE, (1995 Nov) 17 (5) 485-9.
Journal code: ASR. ISSN: 8756-3282.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 9605
AB Mucopolysaccharidosis VI (MPS VI) is a genetic lysosomal storage disease in which a defect in aryl sulfatase B leads to accumulation of the glycosaminoglycan dermatan sulfate and abnormalities in the development of cartilage and bone. A feline model of this disease was used to evaluate the efficacy of bone marrow transplant (BMT) therapy. Long bones from MPS VI cats (N = 6) and MPS VI + BMT cats (N = 7) were compared with control cats (N = 11) and control + BMT cats (N = 5) in mechanical tests. Dissected femurs and tibias were subjected to three-point bending and a subgroup of tibias were tested with the mechanical response tissue analyzer (MRTA) in which vibration is used to measure tissue impedance. Cats with MPS VI had markedly decreased stiffness and strength in both bone ($p < 0.01$). There was no significant difference in the MPS VI + BMT group. In the tibias, there was also decreased stiffness and strength in the control + BMT group as compared to controls ($p < 0.05$). However, when cross-sectional area was used to normalize for bone size there was good correlation with strength in both femurs ($r = 0.907$, $p < 0.01$) and tibias ($r = 0.915$, $p < 0.1$), and there were no significant differences between groups in the modulus of elasticity. In the tibias, in which stiffness was measured by MRTA, there was significant correlation with three-point bending stiffness. These results indicate that, in cats with MPS VI, the decreases in stiffness and strength of long bones can be largely accounted for by the decrease in bone size (osteopenia) that is present.
CT Check Tags: Animal; Comparative Study; Female; Male; Support, U.S. Gov't, P.H.S.
Biomechanics
Bone Diseases, Metabolic: PP, physiopathology
***Bone Marrow Transplantation**
Cats
Disease Models, Animal

Femur: PA, pathology
Femur: RA, radiography
Mucopolysaccharidosis VI: PP, physiopathology
Mucopolysaccharidosis VI: RA, radiography
*Mucopolysaccharidosis VI: TH, therapy
Regression Analysis
Tibia: PA, pathology
Tibia: RA, radiography
Vibration

L148 ANSWER 3 OF 18 MEDLINE
AN 96097215 MEDLINE
TI Intravesicular carboprost for the treatment of hemorrhagic cystitis after marrow transplantation.
AU Ippoliti C; Przepiorka D; Mehra R; Neumann J; Wood J; Claxton D; Gajewski J; Khouri I; van Besien K; Andersson B; et al
CS Department of Hematology, University of Texas M.D. Anderson Cancer Center, Houston.
SO UROLOGY, (1995 Dec) 46 (6) 811-5.
Journal code: WSY. ISSN: 0090-4295.
CY United States
DT (CLINICAL TRIAL)
(CLINICAL TRIAL, PHASE I)
(CLINICAL TRIAL, PHASE II)
Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals; Cancer Journals
EM 9603
AB OBJECTIVES. To determine the minimal active dose and extent of activity of intravesicular carboprost for the treatment of hemorrhagic cystitis after marrow transplantation. METHODS. Twenty-four adults with grade 3 or 4 hemorrhagic cystitis were treated. All but 2 had failed other local therapy. Treatment was initiated at a median of 32 days post-transplant. Eleven patients received carboprost intravesicularly at 0.2 mg/dL for 60 minutes every 6 hours, and the dose was escalated every 24 hours until a dose of 1.0 mg/dL was reached unless a response was achieved. Thirteen additional patients were treated at an initial dose of 0.8 mg/dL, with escalation to 1.0 mg/dL after four doses in the absence of a response. RESULTS. Overall, 15 of the 24 patients responded. In the dose-escalation setting, 0.8 mg/dL was the minimal active dose. The total response rate was 62% with doses at or above 0.8 mg/dL and 18% at lower doses. All but one response occurred with 7 or fewer days of therapy, and 9 patients relapsed later. Four additional patients were salvaged following cystoscopy with clot **evacuation** with or without alum or formalin instillation. In all but 1 patient, bladder spasms developed during treatment with carboprost, but were not sufficiently severe to discontinue therapy. CONCLUSIONS. Intravesicular carboprost at 1.0 mg/dL every 6 hours for no more than 7 days should be considered for a randomized study for treatment of refractory hemorrhagic cystitis. Cystoscopic

examination and **evacuation** of clots prior to therapy may be required to achieve the full benefit of this treatment.

CT Check Tags: Female; Human; Male
Administration, Intravesical
Adult
***Bone Marrow Transplantation: AE, adverse effects**
*Carboprost: AD, administration & dosage
*Cystitis: DT, drug therapy
Cystitis: ET, etiology
Drug Administration Schedule
*Hemorrhage: DT, drug therapy
Hemorrhage: ET, etiology
Middle Age

RN 35700-23-3 (Carboprost)

L148 ANSWER 4 OF 18 MEDLINE
AN 95193080 MEDLINE
TI Optimization of the magnetic field used for immunomagnetic islet purification.
AU Davies J E; James R F; London N J; Robertson G S
CS Department of Surgery, University of Leicester, United Kingdom.
SO TRANSPLANTATION, (1995 Mar 15) 59 (5) 767-71.
Journal code: WEJ. ISSN: 0041-1337.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals; Cancer Journals
EM 9506
AB Purification of islets based on the physical differences in density between exocrine and islet tissue reduces islet yields and remains one of the factors limiting islet transplantation. Immunomagnetic cell separation methods provide an attractive, highly specific alternative capable of rapid, gentle, high volume cell separation, but they require modification to be applied effectively to separation of the much larger tissue fragments involved in islet purification. In this study, mAb to rat exocrine tissue were coupled to 4.5-microns magnetic beads (M450 Dynabeads), before incubation with standard aliquots of rat pancreatic digest. The effect on immunomagnetic islet purification of modifications in the magnetic field and the method of digest release into the field were investigated. The results showed that using vibration to maintain the immunomagnetically labeled digest in suspension in tissue culture medium whose density had been increased by the addition of BSA, significantly improved the purification process. When the digest suspension was slowly released and allowed to drift under gravity through a magnetic field applied across a narrow tube, the use of a quadripole of permanent magnets improved results compared with bipolar or unipolar magnetic fields. By modifying immunomagnetic cell separation techniques in this way, a median islet yield of 77% could be reliably achieved while removing 88% of the contaminating exocrine tissue. The use of such methods in human

islet purification would significantly increase the yield of islets from each donor pancreas and increase the success rate of transplantation from single donors.

CT Check Tags: Animal; Comparative Study; Support, Non-U.S. Gov't
Amylases: AN, analysis
***Immunomagnetic Separation**
Insulin: AN, analysis
*Islets of Langerhans: CY, cytology
Islets of Langerhans Transplantation: PA, pathology
Magnetics
Pancreas: CY, cytology
Rats
Serum Albumin, Bovine: PD, pharmacology
Vibration

RN 11061-68-0 (Insulin)
CN EC 3.2.1.- (Amylases); 0 (Serum Albumin, Bovine)

L148 ANSWER 5 OF 18 MEDLINE
AN 94279293 MEDLINE
TI Establishment of a tissue bank for fetal stem cell transplantation.
AU Westgren M; Ek S; Bui T H; Hagenfeldt L; Markling L; Pschera H; Seiger A; Sundstrom E; Ringden O
CS Department of Obstetrics and Gynecology, Huddinge Hospital, Sweden..
SO ACTA OBSTETRICIA ET GYNECOLOGICA SCANDINAVICA, (1994 May) 73 (5) 385-8.
Journal code: 1E8. ISSN: 0001-6349.
CY Denmark
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 9409
AB STUDY OBJECTIVE. To analyse the yield of fetal liver tissue in first trimester abortions and to evaluate the number of nucleated cells obtained from each fetal liver during the sixth to twelfth week of gestation. DESIGN. Prospective descriptive study: LOCATION. University Hospital. MATERIAL. Women seeking abortion during a 12 month period 1992/1993. RESULTS. Out of 1271 women seeking abortion, 152 were asked whether they were willing to donate fetal tissue for fetal transplantation. Of these women, 105 (69%) accepted the proposal and underwent a modified low suction **vacuum** curettage. Fetal liver tissue was obtained in 61 (58%) of these procedures. The frequency at which tissue was retrieved was strongly related to gestational age and rose from 29% in week 6 to 79% in the tenth to twelfth week of gestation. The mean number of nucleated cells obtained from each fetal liver demonstrated a concomitant increase with gestational age, rising from 16 to 43 x 10(6) per liver during these weeks of gestation. Of the 61 cases in which fetal liver was obtained, four subjects were shown to be abnormal by laboratory analyses and 11 did not alter the mandatory follow-up appointment. This left 46 cases for use in the program of fetal to fetal transplantations. CONCLUSIONS. Most women seeking abortion

seem to be in favor of the idea of fetal tissue donation for the treatment of other fetuses. The possibility of obtaining fetal liver tissue and the number of fetal stem cells retrieved are closely correlated to gestational age. A tissue bank appears to facilitate the operation of a fetal to fetal stem cell transplantation program.

CT Check Tags: Female; Human; Support, Non-U.S. Gov't
Attitude to Health
*Fetal Tissue Transplantation: MT, methods
Gestational Age
***Hematopoietic Stem Cell Transplantation**
*Hematopoietic Stem Cells: TR, transplantation
*Liver: CY, cytology
Organ Procurement: MT, methods
Program Evaluation
Prospective Studies
Sweden
*Tissue Banks: OG, organization & administration
*Tissue Donors
***Vacuum Curettage: MT, methods**
Vacuum Curettage: PX, psychology

L148 ANSWER 6 OF 18 MEDLINE
AN 94105382 MEDLINE
TI Prophylaxis of bone marrow transplant nephropathy with captopril, an inhibitor of angiotensin-converting enzyme.
AU Moulder J E; Cohen E P; Fish B L; Hill P
CS Department of Radiation Oncology, Medical College of Wisconsin, Milwaukee 53226..
NC CA24652 (NCI)
SO RADIATION RESEARCH, (1993 Dec) 136 (3) 404-7.
Journal code: QMP. ISSN: 0033-7587.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals; Cancer Journals
EM 9404
AB Chronic renal failure occurs in about 20% of long-term survivors treated with bone marrow transplant (BMT) regimens that include total-body irradiation (TBI); this syndrome is called BMT nephropathy. In a previous study in a syngeneic rat BMT model it was shown that captopril (an inhibitor of angiotensin-converting enzyme) could be used to treat experimental BMT nephropathy. Current studies were designed to determine whether captopril could also be used to prevent BMT nephropathy. Rats received 14 to 18.5 Gy TBI in six fractions over 3 days followed by syngeneic BMT. Seven days before TBI half the rats were started on captopril (500 mg/liter in the drinking water). Blood urea nitrogen, ratios of urine protein to creatinine, serum creatinine, and blood pressure were used to assess renal function. In animals receiving TBI alone, BMT nephropathy developed 3 to 6 months after transplant. At 6 months after TBI, captopril-treated animals had **lower** systolic blood

pressure and better-preserved renal function than animals receiving TBI alone, with dose-modifying factors of about 1.3. The captopril treatment had no effect on bone marrow ablation by TBI. Captopril appears to be safe and effective in the prophylaxis of BMT nephropathy.

CT Check Tags: Animal; Male; Support, Non-U.S. Gov't; Support, U.S. Gov't, P.H.S.
Blood Urea Nitrogen
***Bone Marrow Transplantation: AE, adverse effects**
*Captopril: TU, therapeutic use
*Kidney Failure, Chronic: PC, prevention & control
Rats
Whole-Body Irradiation

RN 62571-86-2 (Captopril)

L148 ANSWER 7 OF 18 MEDLINE
AN 92395498 MEDLINE
TI Effective early treatment of hepatic venoocclusive disease with a central splenorenal shunt in an infant.
AU Jacobson B K; Kalayoglu M
CS Department of Surgery, University of Wisconsin School of Medicine, Madison..
SO JOURNAL OF PEDIATRIC SURGERY, (1992 Apr) 27 (4) 531-3.
Journal code: JMJ. ISSN: 0022-3468.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 9212
AB Venoocclusive disease of the liver (VOD) is a well-described complication following chemotherapy. It is manifested by jaundice and signs of portal hypertension and carries a mortality rate approaching 50%. There is no known treatment for the disease itself, although several recent reports suggest portacaval diversion may be effective in treating its sequelae. A 6.75-kg 8-month-old boy with VOD following bone marrow ablation and bone marrow transplantation (BMT) for juvenile chronic myelogenous leukemia (JCML) is presented. Over a 6-week period following bone marrow ablation he developed ascites refractory to diuretics, jaundice, and hematemasis with normal hepatocellular function. Splenectomy with a central splenorenal shunt was performed, which resulted in a significant **reduction** in portal **pressures** and complete resolution of his ascites and hematemasis without resultant encephalopathy. We propose that central end-to-side splenorenal shunting is an acceptable treatment for portal hypertension due to VOD and can be successfully performed in infants.

CT Check Tags: Case Report; Human; Male
***Bone Marrow Transplantation: AE, adverse effects**
Hepatic Veno-Occlusive Disease: CO, complications
Hepatic Veno-Occlusive Disease: ET, etiology
*Hepatic Veno-Occlusive Disease: SU, surgery

Hypertension, Portal: ET, etiology
*Hypertension, Portal: SU, surgery
Infant
Portal System: RA, radiography
*Splenorenal Shunt, Surgical

L148 ANSWER 8 OF 18 MEDLINE
AN 91120509 MEDLINE
TI Orbital aspergillosis. Conservative debridement and local amphotericin irrigation.
AU Harris G J; Will B R
CS Department of Ophthalmology, Medical College of Wisconsin, Milwaukee.
NC EY-01931 (NEI)
SO OPHTHALMIC PLASTIC AND RECONSTRUCTIVE SURGERY, (1989) 5 (3) 207-11. Journal code: AY2. ISSN: 0740-9303.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 9105
AB A patient maintained on long-term immunosuppressive agents after bone marrow transplantation developed an Aspergillus abscess in the right orbit. The abscess was resected without visual compromise and the orbit was irrigated regularly with amphotericin B via an indwelling catheter. Follow-up computed tomography, surgical exploration, and histological analysis demonstrated suppression of fungal growth in the orbit. Persistent fungus was recovered from nonirrigated sinuses despite their previous surgical **evacuation** and continued systemic amphotericin B administration. Treatment of orbital aspergillosis should include surgical reduction of the local fungal inoculum, supplementation of intravenous antifungal agents with local delivery to minimize systemic toxicity, and attempts to reverse the immunosuppression. If the last is not possible, extensive extirpation of normal surrounding tissues will not prevent repopulation by the ubiquitous fungus.
CT Check Tags: Case Report; Female; Human; Support, Non-U.S. Gov't; Support, U.S. Gov't, P.H.S.
Adult
Amphotericin B: AD, administration & dosage
*Amphotericin B: TU, therapeutic use
*Aspergillosis: DT, drug therapy
*Aspergillosis: SU, surgery
Bone Marrow Transplantation
Catheters, Indwelling
Debridement
*Ethmoid Sinusitis: DT, drug therapy
*Ethmoid Sinusitis: SU, surgery
Immunosuppression
Injections, Intravenous

Leukemia, Myelocytic, Acute: SU, surgery
*Orbital Diseases: DT, drug therapy
*Orbital Diseases: SU, surgery
RN 1397-89-3 (Amphotericin B)

L148 ANSWER 9 OF 18 MEDLINE
AN 90381378 MEDLINE
TI [4 years after Chernobyl: medical repercussions].
Quatre ans apr`es Tchernobyl: les retombees medicales.
AU Hubert D
SO BULLETIN DU CANCER, (1990) 77 (5) 419-28. Ref: 31
Journal code: BDZ. ISSN: 0007-4551.
CY France
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, MULTICASE)
LA French
FS Priority Journals; Cancer Journals
EM 9012
AB The nuclear accident at Chernobyl accounted for an acute radiation syndrome in 237 persons on the site. Triage was the initial problem and was carried out according to clinical and biological criteria; evaluating the doses received was based on these criteria. Thirty one persons died and only 1 survived a dose higher than 6 Gy. Skin radiation burns which were due to inadequate decontamination, greatly worsened prognosis. The results of 13 bone marrow transplantations were disappointing, with only 2 survivors. Some time after the accident, these severely irradiated patients are mainly suffering from psychosomatic disorders, in the USSR, some areas have been significantly contaminated and several measures were taken to mitigate the impact on population: **evacuating** 135,000 persons, distributing prophylactic iodine, establishing standards and controls on foodstuff. Radiation phobia syndrome which developed in many persons, is the only sanitary effect noticed up to now. Finally, in Europe, there was only an increase in induced abortions and this was totally unwarranted. If we consider the risk of radiation induced cancer, an effect might not be demonstrated.
CT Check Tags: Female; Human; Male
Abnormalities, Radiation-Induced: EP, epidemiology
Abortion, Habitual: EP, epidemiology
Blood Cell Count
***Bone Marrow Transplantation**
*Decontamination: MT, methods
Diarrhea: ET, etiology
English Abstract
Europe
*Nuclear Reactors
Pregnancy
Prognosis
Psychophysiologic Disorders: ET, etiology
Pulmonary Fibrosis: ET, etiology

Radiation Dosage
*Radiation Injuries
Radiation Injuries: CO, complications
Radiation Injuries: EP, epidemiology
Radiation Injuries: TH, therapy
Skin: RE, radiation effects
Triage
Ukraine

L148 ANSWER 10 OF 18 MEDLINE
AN 87308717 MEDLINE
TI Pseudoepidemic of aspergillosis after development of pulmonary infiltrates in a group of bone marrow transplant patients.
AU Weems J J Jr; Andremont A; Davis B J; Tancrede C H; Guiguet M; Padhye A A; Squinazi F; Martone W J
SO JOURNAL OF CLINICAL MICROBIOLOGY, (1987 Aug) 25 (8) 1459-62. Journal code: HSH. ISSN: 0095-1137.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 8712
AB During February and March 1985, seven patients in the pediatric bone marrow transplant unit (PBMTU) of a 350-bed cancer hospital developed pulmonary infiltrates. Five of the patients had Aspergillus spp. isolated from the respiratory tract, and two of these patients had histologic evidence of aspergillosis. Between 26 February and 22 April, Aspergillus spp. were isolated in a total of 70 cultures from 39 hospitalized patients. Of the 70 cultures, 14 (group 1) were from respiratory specimens of PBMTU patients with pulmonary infiltrates and were submitted to the laboratory intermittently over the 56-day period. However, of the other 56 Aspergillus-positive cultures (group 2), 41 (73%) were submitted on six days during this period (P less than 0.001, chi-square goodness of fit), including 8 blood cultures submitted on one day. When Aspergillus sp. was recovered from group 1 cultures early during this period, the isolates were stored in the culture-processing room. Aspergillus isolates were not handled in a biological safety cabinet, and blood cultures were done by using a system which requires opening of an **evacuated** bottle to room air. The presence of stored Aspergillus isolates was associated with a markedly elevated concentration of airborne fungi in the culture-processing room. After removal of the stored Aspergillus isolates from the culture-processing room, the concentration of airborne fungi returned to background level and there were no further Aspergillus-positive cultures. These findings suggested that group 2 cultures had been contaminated by stored Aspergillus isolates. No evidence for a common source of infection was found in the PBMTU patients with pulmonary infiltrates.
CT Check Tags: Female; Human; Male
Air Microbiology

Aspergillosis: DI, diagnosis
*Aspergillosis: EP, epidemiology
Aspergillosis: ET, etiology
Aspergillus: IP, isolation & purification
***Bone Marrow: TR, transplantation**
***Bone Marrow Transplantation**
Child
Cross Infection: DI, diagnosis
*Cross Infection: EP, epidemiology
Cross Infection: ET, etiology
Diagnostic Errors
*Disease Outbreaks
Hospital Units
Lung Diseases, Fungal: DI, diagnosis
*Lung Diseases, Fungal: EP, epidemiology
Lung Diseases, Fungal: ET, etiology
Respiratory System: MI, microbiology

L148 ANSWER 11 OF 18 MEDLINE
AN 87284218 MEDLINE
TI Immediate medical consequences of nuclear accidents. Lessons from Chernobyl.
AU Gale R P
NC CA23175 (NCI)
SO JAMA, (1987 Aug 7) 258 (5) 625-8.
Journal code: KFR. ISSN: 0098-7484.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Abridged Index Medicus Journals; Priority Journals; Cancer Journals
EM 8711
AB The immediate medical response to the nuclear accident at the Chernobyl nuclear power station involved containment of the radioactivity and **evacuation** of the nearby population. The next step consisted of assessment of the radiation dose received by individuals, based on biological dosimetry, and treatment of those exposed. Medical care involved treatment of skin burns; measures to support bone marrow failure, gastrointestinal tract injury, and other organ damage (ie, infection prophylaxis and transfusions) for those with lower radiation dose exposure; and bone marrow transplantation for those exposed to a high dose of radiation. At Chernobyl, two victims died immediately and 29 died of radiation or thermal injuries in the next three months. The remaining victims of the accident are currently well. A nuclear accident anywhere is a nuclear accident everywhere. Prevention and cooperation in response to these accidents are essential goals.
CT Check Tags: Human; Support, U.S. Gov't, P.H.S.
*Accidents
Blood Transfusion
Bone Marrow: TR, transplantation
Bone Marrow Transplantation

*Emergency Medical Services
Infection: PC, prevention & control
Infection Control
*Nuclear Reactors
Radiation Dosage
Radiation Injuries: TH, therapy
Radiation Monitoring
Ukraine

L148 ANSWER 12 OF 18 MEDLINE
AN 84125277 MEDLINE
TI Sonography of the gallbladder in bone marrow transplant patients.
AU Frick M P; Snover D C; Feinberg S B; Salomonowitz E; Crass J R; Ramsay N K
SO AMERICAN JOURNAL OF GASTROENTEROLOGY, (1984 Feb) 79 (2) 122-7. Journal code: 3HE. ISSN: 0002-9270.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals; Cancer Journals
EM 8405
AB Nonshadowing opacities in the gallbladder (sludge) occurred in nine of 44 bone marrow transplant patients as a nonspecific finding. Sludge occurring within 2 wk of bone marrow transplant was transient. Later, sludge accompanied hepatic graft versus host disease in seven of 10 patients with this complication of bone marrow transplant. During the course of graft versus host disease, disappearance of sludge matched clinical improvement. Persistence of sludge in patients with hepatic graft versus host disease was associated with a poor prognosis. The gallbladder of one patient who underwent cholecystectomy exhibited histopathologic findings of graft versus host disease.
CT Check Tags: Female; Human; Male
Adolescence
Adult
Anemia, Aplastic: TH, therapy
***Bone Marrow: TR, transplantation**
***Bone Marrow Transplantation**
Child
Child, Preschool
*Gallbladder: PA, pathology
*Graft vs Host Disease: DI, diagnosis
Infant
Leukemia: TH, therapy
*Liver Diseases: DI, diagnosis
Liver Function Tests
Lymphoma: TH, therapy
Prognosis
***Ultrasonics: DU, diagnostic use**

L148 ANSWER 13 OF 18 MEDLINE

AN 83186849 MEDLINE
TI Histopathology of the lung after bone marrow transplantation.
AU Sloane J P; Depledge M H; Powles R L; Morgenstern G R; Trickey B S; Dady P J
SO JOURNAL OF CLINICAL PATHOLOGY, (1983 May) 36 (5) 546-54.
Journal code: HT3. ISSN: 0021-9746.
CY ENGLAND: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Abridged Index Medicus Journals; Priority Journals; Cancer Journals
EM 8308
AB The histopathological changes in the lungs of 32 patients who died after bone marrow transplantation for leukaemia have been studied and compared with those found in 21 patients treated by conventional chemotherapy. The transplanted patients exhibited a higher incidence of interstitial pneumonitis, vascular lesions and viral infections, particularly cytomegalovirus (CMV), although bacterial and fungal diseases were commoner in the non-grafted subjects. The pathogenesis of interstitial pneumonitis is discussed with specific reference to the possible roles of irradiation, chemotherapy, viruses and the immunosuppressive drug cyclosporin A. Ten patients died of a syndrome characterised clinically by fever, skin rash, fluid retention, uraemia, low serum albumin concentrations, **low** central venous **pressure** and acute pulmonary oedema. These patients exhibited intra-alveolar haemorrhagic fibrinous exudation with or without interstitial changes. The aetiology of this syndrome is not known but it occurs more frequently in recipients of mismatched grafts and evidence is presented suggesting that viruses may play a significant causative role. No lesion was identified that could be directly attributed to Graft-versus-Host disease.
CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
Adolescence
Adult
***Bone Marrow: TR, transplantation**
***Bone Marrow Transplantation**
Child
Graft Rejection
*Leukemia: TH, therapy
Lung: BS, blood supply
*Lung: PA, pathology
Lung Diseases: ET, etiology
*Lung Diseases: PA, pathology
Middle Age
Pulmonary Edema: ET, etiology
Pulmonary Edema: PA, pathology
Pulmonary Fibrosis: ET, etiology
Pulmonary Fibrosis: PA, pathology
Vascular Diseases: ET, etiology
Vascular Diseases: PA, pathology

L148 ANSWER 14 OF 18 MEDLINE

AN 81154396 MEDLINE
TI Regression on oxymetholone-induced hepatic tumors after bone marrow transplantation in aplastic anemia.
AU Montgomery R R; Ducore J M; Githens J H; August C S; Johnson M L
NC RR-69 (NCRR)
SO TRANSPLANTATION, (1980 Aug) 30 (2) 90-6.
Journal code: WEJ. ISSN: 0041-1337.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 8107
AB Treatment of acquired aplastic anemia with androgens has been occasionally associated with the development of hepatic tumors. We have studied a 13-year-old boy with idiopathic aplastic anemia in whom oxymetholone treatment was associated with a partial hematological remission. Thirty-four months later, however, the patient developed multiple hepatic tumors. When oxymetholone therapy was discontinued, the aplastic anemia relapsed. He then underwent bone marrow transplantation from his HLA-A, B, and D-compatible sibling. This was followed by hematological and immunological reconstitution. The hepatic tumors underwent progressive regression after bone marrow transplantation. The patient is now 3 years post-bone marrow transplantation and is in complete remission of his aplastic anemia with no evidence of detectable liver tumors.
CT Check Tags: Case Report; Human; Male; Support, U.S. Gov't, P.H.S.
Adolescence
*Anemia, Aplastic: CO, complications
Anemia, Aplastic: DT, drug therapy
***Bone Marrow: TR, transplantation**
***Bone Marrow Transplantation**
Liver Neoplasms: CI, chemically induced
Liver Neoplasms: DI, diagnosis
*Liver Neoplasms: TH, therapy
*Oxymetholone: AE, adverse effects
Transplantation, Homologous
Ultrasonics: DU, diagnostic use
RN 434-07-1 (Oxymetholone)

L148 ANSWER 15 OF 18 MEDLINE
AN 77247465 MEDLINE
TI Obstructive jaundice after bone marrow transplantation.
AU Lipshutz G R; Katon R M; Lee T G
SO GASTROENTEROLOGY, (1977 Sep) 73 (3) 565-9.
Journal code: FH3. ISSN: 0016-5085.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 7712
AB Jaundice after bone marrow transplantation is usually a consequence

of graft versus host disease. Reported is a patient who presented with obstructive jaundice several months after a successful marrow allograft. Despite a benign bone marrow examination, abdominal ultrasound, upper gastrointestinal series, and endoscopic biopsy were utilized to diagnose recurrent leukemia at the pancreatic head and descending duodenum. The entities of graft versus host disease as related to jaundice, and gastrointestinal leukemia, in the presence of a "remission" bone marrow, are reviewed.

CT Check Tags: Case Report; Human; Male
Biopsy
*Bone Marrow: CY, cytology
***Bone Marrow: TR, transplantation**
***Bone Marrow Transplantation**
Child
*Cholestasis: ET, etiology
Duodenal Neoplasms: CO, complications
Duodenal Neoplasms: PA, pathology
Duodenal Neoplasms: RA, radiography
Graft vs Host Reaction
Intestinal Neoplasms: PA, pathology
*Leukemia: CO, complications
Leukemia: DI, diagnosis
Leukemia: PA, pathology
Leukemia: RA, radiography
Pancreatic Neoplasms: CO, complications
Pancreatic Neoplasms: RA, radiography
Recurrence
Transplantation, Homologous
Ultrasonics: DU, diagnostic use

L148 ANSWER 16 OF 18 MEDLINE
AN 77022502 MEDLINE
TI Marrow regeneration after mechanical depletion.
AU Brecher G; Tjio J H; Smith W W; Haley J E
SO BLOOD, (1976 Nov) 48 (5) 679-86.
Journal code: A8G. ISSN: 0006-4971.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 7702
AB The origin of marrow regeneration after mechanical depletion was reinvestigated in mouse chimeras. The results were compatible with the local origin of stem cells from remnants of incompletely removed marrow, but not with their origin from a common precursor of both bone and hemopoietic cell lines. In transplanted femurs depleted by a modified technique of in vivo **evacuation** of marrow, hemopoietic regeneration failed to occur. The presence of hemopoietic stem cells in the Haversian canals was thus excluded. The demonstration of ample hemopoiesis with minimal bone formation in nondepleted controls in which bone marrow initially became

necrotic provided new evidence that osteogenesis was not a prerequisite of hemopoietic regeneration.
CT Check Tags: Animal; Female
Bone Marrow: CY, cytology
*Bone Marrow: PH, physiology
Bone Marrow: TR, transplantation
Bone Marrow Transplantation
*Bone Regeneration
Haversian System: PH, physiology
Hindlimb: PH, physiology
Mice
Mice, Inbred AKR
Radiation Chimera
Transplantation, Isogeneic

L148 ANSWER 17 OF 18 MEDLINE
AN 73073617 MEDLINE
TI Soluble H-2 antigens: effect on graft-versus-host reaction and factors influencing its effect on host-versus-skin-graft reaction.
AU Halle-Pannenko O; Martyre M C; Mathe G
SO TRANSPLANTATION PROCEEDINGS, (1972 Dec) 4 (4) 517-21. Journal code: WE9. ISSN: 0041-1345.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 7304
CT Check Tags: Animal
Bone Marrow: CY, cytology
Bone Marrow: TR, transplantation
Bone Marrow Transplantation
*Graft vs Host Reaction
Graft Rejection
Hemagglutination Inhibition Tests
*Histocompatibility Antigens
Liver: CY, cytology
Liver: IM, immunology
Lymph Nodes: CY, cytology
Lymph Nodes: TR, transplantation
Mice
Mice, Inbred C57BL
Radiation Chimera
*Skin: TR, transplantation
*Skin Transplantation
Solubility
*Transplantation Immunology
Transplantation, Homologous
Ultrasonics

L148 ANSWER 18 OF 18 MEDLINE
AN 68195009 MEDLINE

TI Thymus-marrow immunocompetence. 3. The requirement for living thymus cells.
AU Claman H N; Chaperon E A; Selner J C
SO PROCEEDINGS OF THE SOCIETY FOR EXPERIMENTAL BIOLOGY AND MEDICINE, (1968 Feb) 127 (2) 462-6.
Journal code: PXZ. ISSN: 0037-9727.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 6807
CT Check Tags: Animal
*Antibody Formation
*Bone Marrow: IM, immunology
Bone Marrow: TR, transplantation
Bone Marrow Transplantation
Erythrocytes: IM, immunology
Injections, Intraperitoneal
Injections, Intravenous
Mice
*Radiation Effects
Rats
Sheep
Spleen: IM, immunology
Thymectomy
*Thymus Gland: IM, immunology
Thymus Gland: RE, radiation effects
Thymus Gland: TR, transplantation
*Transplantation Immunology
Ultrasonics

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=> d l124 1-17 ibib abs

L124 ANSWER 1 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 96-432860 [43] WPIDS
DOC. NO. NON-CPI: N96-364803
DOC. NO. CPI: C96-135767

TITLE: Cleaning of large **bone** grafts - by immersing done in soln. contg. **solvent** for **bone** marrow and applying **vacuum** through prepd. opening in intact **bone**.

DERWENT CLASS: A96 D22 E19 P34
INVENTOR(S): WOLFINBARGER, L
PATENT ASSIGNEE(S): (LIFE-N) LIFENET RES FOUND
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
US 5556379	A	960917	(9643)*		20

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
US 5556379	A CIP of	US 94-293206	940819
		US 95-395113	950227

PRIORITY APPLN. INFO: US 95-395113 950227; US 94-293206 940819
AN 96-432860 [43] WPIDS
AB US 5556379 A UPAB: 961025

Large **bone** grafts are cleaned as follows: (a) excess cartilage is removed from at least 1 articulating surface of a large substantially intact **bone**; (b) an opening through the cortical layer of the **bone** is prepd. to permit access of a **vacuum** line to the **bone** cavity, and the line is attached; (c) the **bone** is immersed in a soln. (A2) contg. at least 1 **solvent** for **bone** marrow; and (d) a **vacuum** is applied to draw (S1) through the cartilaginous articulating surface and then through the cavity to **withdraw** solubilised **bone marrow**.

(S1) pref. comprises endotoxin-free deionised/distilled H2O, 1 or more **solvents** (0.001-2 % esp. 0.01-0.5 % anionic and/or nonionic detergents; esp. polyoxyethylene alcohols, polyethylene glycol, p-isooctylphenylethers, polyoxyethylene nonylphenol, and polyoxyethylene sorbitol esters), and also EtOH (pref. 5-95 % esp. 10-30 % v/v), as well as 1 or more of endotoxin-free deionised/distilled H2O and/or EtOH, and 1 or more antibiotics, antiviral agents, H2O2, permeation enhancers, organic acids, and dil. solns. of strong acids.

ADVANTAGE - The method with min. handling and processing provides large **bone** graft material which is essentially free of residual **bone** marrow, and which may be used in the prepn. of small **bone** grafts. Thus transmission of infective agents (**bacteria** and **viruses**, esp. HIV) is reduced, while structural damage to the cancellous

bone is minimised.
Dwg.0/8

L124 ANSWER 2 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 95-336746 [43] WPIDS
DOC. NO. NON-CPI: N95-252531
DOC. NO. CPI: C95-148461
TITLE: Detection of specific target cells in mixed cell populations - using antibody-coated paramagnetic particles.
DERWENT CLASS: B04 D16 S03
INVENTOR(S): FODSTAD, O; HOIFODT, H K; RYE, P D; HOIFODT, H; HOEIFOEDT, H K
PATENT ASSIGNEE(S): (FODS-I) FODSTAD O
COUNTRY COUNT: 20
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
WO 9524648	A1	950914	(9543)*	EN	43
NO 9400866	A	950911	(9545)		
AU 9520864	A	950925	(9601)		
EP 749580	A1	961227	(9705)	EN	
R: AT BE CH DE DK ES FR GB GR IE IT LI LU MC NL PT SE					
FI 9603533	A	961107	(9707)		
NO 180658	B	970210	(9713)		

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
WO 9524648	A1	WO 95-NO52	950310
NO 9400866	A	NO 94-866	940310
AU 9520864	A	AU 95-20864	950310
EP 749580	A1	EP 95-913431	950310
		WO 95-NO52	950310
FI 9603533	A	WO 95-NO52	950310
		FI 96-3533	960909
NO 180658	B	NO 94-866	940310

FILING DETAILS:

PATENT NO	KIND		PATENT NO
AU 9520864	A	Based on	WO 9524648
EP 749580	A1	Based on	WO 9524648
NO 180658	B	Previous Publ.	NO 9400866

PRIORITY APPLN. INFO: NO 94-866 940310
AN 95-336746 [43] WPIDS
AB WO 9524648 A UPAB: 951102

Method for detecting specific target cells (TCs) in:(i) cell suspensions of mixed cell populations;(ii) fluid systems contg. mixed cell populations, and(iii) single cell suspensions prepd. from solid tissues, except normal and malign haematopoietic cells in blood and **bone** marrow, comprises:(a) coating paramagnetic particles (PP) with either:
(i) antibodies (Abs) or their fragments, directed against membrane structures found only on the TCs in the cell mixt., or
(ii) Abs (pref. polyclonal anti-mouse, monoclonal rat anti-mouse or monoclonal anti-human Abs) capable of binding to the Fc portions of the ABs in (i);(b) mixing the Ab-coated PPs with the suspension of cells to be examined and incubating them for 30 mins. at 4deg.C, under gentle rotation. (This step may also be performed in a changed order);(c) if the TC population is contained in blood or **bone marrow aspirates**, the hydrophobic forces associated with Ab-coated particles are reduced by incubating them with mild detergents, e.g. Tween 20 (TM) in concns. of <0.1% for 30 min. at 4deg.C and/or;(d) to visualise the particle-TC complexes, the cell suspensions are incubated with formalin, alcohol or other fixatives, and
(i) Abs or their fragments (pre-labelled with peroxidase, alkaline phosphatase, or other enzymes for visualisation) which bind to the TCs, or
(ii) biotinylated-Abs and binding visualised through incubation with avidin complexed to peroxidase, alkaline phosphatase or other enzymes, with addition of and incubation with relevant substances;(e) PP-Ab-cell mixt. is subjected to a magnetic field if the density of the TCs or the ratio of TC:total cells in the mixture is low (<1%), and then(f) examining and counting stained and unstained PP-TC complexes in the cell suspension, using a microscope and/or suitable counter, or(g) transferring the TC suspension to the cell filtering device (CFD) or cell separator in which the suspension is applied in the microwell, using a membrane filter suitable to retain PP-TC complexes, with(out) **suction**, removing filters with isolated TCs from the CFD to be fixed/stained by known methods and viewed by microscope or adding a culture medium to propagate the TC complexes on the filter for characterisation, or(h) if the ratio of TC:total cells in the cell suspension is adequate (>1%) examining and counting the TC's as in (d).

Also claimed are:(a) a CFD (see figure) or cell separator (20) for sepg. PP-TC complexes from unbound beads, unspecifically bound non-TCs and unbound non-TCs in a cell suspension of mixed cell populations, characterised in that it comprises a filtrate collection box (22) with(out) guiding pin(s) (28), with a lid (21), with(out) a **low pressure vacuum** attachment part (23) and contg. a number of multiwell units (24) with(out) a guiding notch (29), with a cell separator membrane filter (25) and a membrane support (25a) detachably fixed to the bottom of the multiwell unit (24), and(b) a kit for carrying out the above method.

USE/ADVANTAGE - The method can be used:(a)to isolate target

cells by exposing the TC-PP complexes to a magnetic field and isolating the resultant aggregates using a CFD. The isolated cells can then be subjected to further examinations including PCR and reverse transcriptase PCR, and(b) to detect specific TCs in a mixt. which can then be used to establish human tumour xenografts in animals (claimed). The method allows for very sensitive detection of e.g. metastatic tumour cells, since a large vol. and number of cells can be readily screened through the microscope and the attached magnetic beads are easily recognisable.
Dwg.1/5

L124 ANSWER 3 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 95-131308 [17] WPIDS
DOC. NO. CPI: C95-060628
TITLE: New multi unit ribozyme which cleaves hybrid oncogene transcripts - for treating neoplasms characterised by chromosomal trans location(s), esp. leukaemia.
DERWENT CLASS: B04 D16
INVENTOR(S): LEOPOLD, L H; REDDY, E P; REDDY, M V R; SHORE, S K; REDDY, E
PATENT ASSIGNEE(S): (UTEM) UNIV TEMPLE
COUNTRY COUNT: 52
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
WO 9507923	A1	950323	(9517)*	EN	44
RW: AT BE CH DE DK ES FR GB GR IE IT KE LU MC MW NL OA PT SD SE					
W: AM AT AU BB BG BR BY CA CH CN CZ DE DK ES FI GB GE HU JP KP KR KZ LK LU LV MD MG MN MW NL NO NZ PL PT RO RU SD SE SI SK TT UA UZ VN					
AU 9477203	A	950403	(9529)		

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
WO 9507923	A1	WO 94-US9963	940831
AU 9477203	A	AU 94-77203	940831

FILING DETAILS:

PATENT NO	KIND		PATENT NO
AU 9477203	A	Based on	WO 9507923

PRIORITY APPLN. INFO: US 93-122795 930915
AN 95-131308 [17] WPIDS
AB WO 9507923 A UPAB: 950508
Synthetic RNA molecule (A) comprises: (1) a first ribozyme subunit

comprising (a) first and second flanking regions complementary (and hybridisable) to parts of an oncogene mRNA transcript 5-' and 3' respectively to the oncogene translocation junction; and (b) a catalytically active segment (CAS), between these flanking sequences which comprises a ribozyme able to cleave oncogene mRNA at or near the junction; and (2) two or more additional ribozyme subunits of similar construction also able to cleave oncogene mRNA (not necessarily at the junction).

USE - (A) are used to treat neoplasms characterised by presence of a hybrid oncogene resulting from a chromosomal translocation, esp. leukaemia. The patients' cells may be treated in vivo or cells (esp. from **bone marrow**) are **aspirated**, treated then returned to the patient. Also DNA encoding (A) is introduced into leukaemic cells e.g. by transfection, transduction with a **viral** vector or by micro-injection.

ADVANTAGE - This method makes possible treatment of leukaemia with autologous **bone** marrow transplants, avoiding the dangers of guest vs. host disease. Multiunit ribozymes are more effective than single unit ones, alone or in combination. Attachment to a binding molecule improves cellular uptake.

L124 ANSWER 4 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 94-309810 [38] WPIDS
DOC. NO. NON-CPI: N94-243584
DOC. NO. CPI: C94-140987
TITLE: Chronic osteomyelitis treatment for children - involves preliminary **evacuation** of post-operation **bone** cavity and subsequent irradiation with helium-neon laser through polyvinyl chloride drainage tube.
DERWENT CLASS: A96 P31
INVENTOR(S): ANASTASIU, M D; KAPLAN, E M; KAPLAN, M M
PATENT ASSIGNEE(S): (TSME) TASHK MED INST
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
SU 1816438	A1	930523	(9438)*		2

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
SU 1816438	A1	SU 90-4887729	901204

PRIORITY APPLN. INFO: SU 90-4887729 901204
AN 94-309810 [38] WPIDS
AB SU 1816438 A UPAB: 941115
The method comprises surgical treatment of the affected site and

subsequent action with a helium-neon laser. Polyvinyl chloride drainage elements are inserted into the corners of a **bone** cavity, and the **bone** cavity is **evacuated**. Then optical guides are introduced through the drainage elements, and laser radiation is applied for 5-15 minutes daily for 10-12 days.

Pathological tissue is **removed** from an exposed **marrow** canal using surgical instruments, and a **bone** cavity is treated with an electric saw. Blood and pus are **evacuated**, and the **bone** cavity is treated with antiseptic solutions. Two isolated drainage elements are arranged in the **bone** cavity corners, and the wound is sutured layer-by-layer.

USE - In orthopaedics and traumatology, for treatment of chronic osteomyelitis in children.

ADVANTAGE - Reduced treatment time is obtained.

Dwg.0/0

L124 ANSWER 5 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 94-102259 [13] WPIDS
DOC. NO. NON-CPI: N94-079794
TITLE: Motor-driven milling system esp. for hip joint prosthesis - has control system for using measured sound emission from **bone**, optical and/or acoustic signals and/or automatic interruption of process.
DERWENT CLASS: P31 P32 S05 X25
INVENTOR(S): SCHMIDT, J
PATENT ASSIGNEE(S): (SCHM-I) SCHMIDT J
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
DE 4231101	A1	940324	(9413)*		4

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
DE 4231101	A1	DE 92-4231101	920917

PRIORITY APPLN. INFO: DE 92-4231101 920917
AN 94-102259 [13] WPIDS
AB DE 4231101 A UPAB: 940517
The milling head (3) is fitted to the end of a sleeve (1) in an opening (2) which may take a variety of forms allowing operation of the head in one direction only. Rising and **evacuating** devices are installed in the sleeve or connected separately to the head.

The operation is controlled by a device which measures acoustic

emission from the **bone** under treatment and may be held, screwed or clamped to the **bone**.

USE/ADVANTAGE - Pref. in replacement of artificial hip joints, and facilitates orthopaedic surgery by milling, flushing and **suction**. Cement can be **removed** more quickly from **bone marrow** cavities or other sites without damage to **bone** even in unobservable regions.

Dwg.1/2

L124 ANSWER 6 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 93-336512 [42] WPIDS
CROSS REFERENCE: 96-425171 [42]
DOC. NO. NON-CPI: N93-260161
TITLE: **Bone** marrow biopsy needle with cutter/retainer at end - has cutting blades hinged at end of needle and coupled to actuator at proximal end to cut biopsy as required.
DERWENT CLASS: P31
INVENTOR(S): RUBINSTEIN, A I; RUBINSTEIN, D B
PATENT ASSIGNEE(S): (RUBI-I) RUBINSTEIN A I; (RUBI-I) RUBINSTEIN D B
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
WO 9319675	A1	931014	(9342)*		19
US 5462062	A	951031	(9549)		8

APPLICATION DETAILS:

PATENT NO	KIND		APPLICATION	DATE
WO 9319675	A1		WO 93-US3167	930402
US 5462062	A	CIP of	US 91-806486	911213
			US 92-863457	920406

PRIORITY APPLN. INFO: US 92-863457 920406; US 91-806486 911213
AN 93-336512 [42] WPIDS
CR 96-425171 [42]
AB WO 9319675 A UPAB: 970313
The needle has a sharp cutting edge and it is turned back from the distal end to from an inner cuff or flange. This inwardly bisected angled flange has a sharp edge and is immobile. Just behind the flange is a roughened region which improves retention of the biopsy core.

On the needle ar a pair of opposed hinges and a pair of sharp edged blades. As it is inserted into the patient, the needle receives the biopsy core.

ADVANTAGE - Cuts of biopsy from surrounding **marrow** before **withdrawal**.

Dwg.2/4
ABEQ US 5462062 A UPAB: 951211
An appts is provided for reactive metal deposition on a web of plastics film comprising: **vacuum** chamber; a number of spaced rollers; a supply roll for feeding a web to the rollers, a takeup roller; a number of metal vapour sources on a part of the web path whereafter the web reacts with it. The chamber so divided into two **press** zones with loops in the second of these and several passes through the first.

A mechanism is included for exciting the atmos. to promote reaction of the deposited metal. The rollers include upper and lower sets with the array arranged between them, some rollers being larger than others, such that the web curvature is minimized.

ADVANTAGE - High speed coatings.

Dwg.1/7

L124 ANSWER 7 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 93-153609 [19] WPIDS
DOC. NO. NON-CPI: N93-117470
TITLE: Shaft for hip prosthesis - has hole in direction of shaft axis allowing prosthesis to be implanted over drainage system of narrow space.
DERWENT CLASS: P32 P34
INVENTOR(S): SCHMIDT, J
PATENT ASSIGNEE(S): (MERE) MERCK PATENT GMBH
COUNTRY COUNT: 25
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
DE 4136317	A1	930506	(9319)*		4
WO 9308769	A1	930513	(9320)	EN	12
RW: AT BE CH DE DK ES FR GB GR IE IT LU MC NL SE					
W: AU CA CS HU JP KR US					
ZA 9208475	A	930728	(9336)		13
AU 9228044	A	930607	(9338)		
EP 565680	A1	931020	(9342)	EN	12
R: AT BE CH DE DK ES FR GB GR IE IT LI LU MC NL SE					
CZ 9301314	A3	940119	(9410)		
HU 64820	T	940328	(9417)		
AU 652294	B	940818	(9435)		
JP 06506859	W	940804	(9435)		
EP 565680	B1	970205	(9711)	EN	3
R: AT BE CH DE DK ES FR GB GR IE IT LI LU NL SE					
DE 69217354	E	970320	(9717)		
ES 2097366	T3	970401	(9720)		

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE

DE 4136317	A1		DE 91-4136317	911104
WO 9308769	A1		WO 92-EP2441	921024
ZA 9208475	A		ZA 92-8475	921103
AU 9228044	A		AU 92-28044	921024
EP 565680	A1		EP 92-922555	921024
			WO 92-EP2441	921024
CZ 9301314	A3		CZ 93-1314	921024
HU 64820	T		WO 92-EP2441	921024
			HU 93-1928	921024
AU 652294	B		AU 92-28044	921024
JP 06506859	W		WO 92-EP2441	921024
			JP 93-508126	921024
EP 565680	B1		EP 92-922555	921024
			WO 92-EP2441	921024
DE 69217354	E		DE 92-617354	921024
			EP 92-922555	921024
			WO 92-EP2441	921024
ES 2097366	T3		EP 92-922555	921024

FILING DETAILS:

PATENT NO	KIND		PATENT NO
AU 9228044	A	Based on	WO 9308769
EP 565680	A1	Based on	WO 9308769
HU 64820	T	Based on	WO 9308769
AU 652294	B	Previous Publ.	AU 9228044
		Based on	WO 9308769
JP 06506859	W	Based on	WO 9308769
EP 565680	B1	Based on	WO 9308769
DE 69217354	E	Based on	EP 565680
		Based on	WO 9308769
ES 2097366	T3	Based on	EP 565680

PRIORITY APPLN. INFO: DE 91-4136317 911104; WO 92-EP2441 921024

AN 93-153609 [19] WPIDS

AB DE 4136317 A UPAB: 931113

The drainage tube (3) is centrally anchored in a suitable narrow space stopper (plastics or spongiosa) and can also be further released. On the drainage tube can be applied a **vacuum suction** unit. The plastics **marrow** space stopper has a membrane on its upper contact surface for cement, which lets through fluid and air, but holds back the **bone** cement.

The **vacuum** applied to the drainage tube acts underneath the contact surface of the marrow space stopper with the cement block, and thus air and fluid from the marrow space is filtered above the marrow space stopper by the membrane or a spongiosa block.

USE/ADVANTAGE - To obviate **pressure** increase in the marrow space with hip total endoprosthesis.

Dwg.3/3

ABEQ WO 9308769 A UPAB: 931113
The drainage tube (3) is centrally anchored in a suitable narrow space stopper (plastics or spongiosa) and can also be further released. On the drainage tube can be applied a **vacuum suction** unit. The plastics **marrow** space stopper has a membrane on its upper contact surface for cement, which lets through fluid and air, but holds back the **bone** cement.

The **vacuum** applied to the drainage tube acts underneath the contact surface of the marrow space stopper with the cement block, and thus air and fluid from the marrow space is filtered above the marrow space stopper by the membrane or a spongiosa block.

USE/ADVANTAGE - To obviate **pressure** increase in the marrow space with hip total endoprosthesis.
Dwg.3/3

ABEQ ZA 9208475 A UPAB: 931122
The drainage tube (3) is centrally anchored in a suitable narrow space stopper (plastics or spongiosa) and can also be further released. On the drainage tube can be applied a **vacuum suction** unit. The plastics **marrow** space stopper has a membrane on its upper contact surface for cement, which lets through fluid and air, but holds back the **bone** cement.

The **vacuum** applied to the drainage tube acts underneath the contact surface of the marrow space stopper with the cement block, and thus air and fluid from the marrow space is filtered above the marrow space stopper by the membrane or a spongiosa block.

USE/ADVANTAGE - To obviate **pressure** increase in the marrow space with hip total endoprosthesis.

ABEQ EP 565680 A UPAB: 931202
The drainage tube (3) is centrally anchored in a suitable narrow space stopper (plastics or spongiosa) and can also be further released. On the drainage tube can be applied a **vacuum suction** unit. The plastics **marrow** space stopper has a membrane on its upper contact surface for cement, which lets through fluid and air, but holds back the **bone** cement.

The **vacuum** applied to the drainage tube acts underneath the contact surface of the marrow space stopper with the cement block, and thus air and fluid from the marrow space is filtered above the marrow space stopper by the membrane or a spongiosa block.

USE/ADVANTAGE - To obviate **pressure** increase in the marrow space with hip total endoprosthesis.
Dwg.3/3

ABEQ EP 565680 B UPAB: 970313
A prosthetic device for hip joint repair or replacement comprising a femoral prosthesis for implantation into the femoral **bone**, the stem (1) of said prosthesis being provided with a central borehole (2) in its longitudinal direction, a setting guide (3, 6, 9) fitting slidably into said central borehole (2), and a medullary cavity stopper (4) fitting into the lower part of the medullary

cavity, characterised in that (a) the core rod (3) of the setting guide (6) is designed as a drainage tube to which **vacuum** can be applied, (b) the medullary cavity stopper (4) is porous allowing the **vacuum** to act through said porous medullary cavity stopper, (c) there is a detachable fastening means between said drainage tube (3) and said medullary cavity stopper (4) allowing to fasten the distal end of the drainage tube to the central portion of the medullary cavity stopper.
Dwg.1/3

L124 ANSWER 8 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 92-163931 [20] WPIDS
DOC. NO. NON-CPI: N92-122948
DOC. NO. CPI: C92-075510
TITLE: Making specimen of bone marrow - by sucking bone marrow fluid from living body, using syringe contg. **diluent**, pipetting dilute marrow liq., centrifuging and removing supernatant liq..
DERWENT CLASS: B04 S03
PATENT ASSIGNEE(S): (OMRO) OMRON CORP
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
JP 04104036	A	920406	(9220)*		3

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
JP 04104036	A	JP 90-223858	900823

PRIORITY APPLN. INFO: JP 90-223858 900823
AN 92-163931 [20] WPIDS
AB JP04104036 A UPAB: 931006
Making specimen of **bone marrow** comprises **suctioning bone marrow** fluid from living body using syringe contg. a **diluent**, pipetting the dilute marrow liq. diluted by the **diluent** centrifuging the pipetted dilute marrow liq. and removing the supernatant liq. to collect a prescribed amt. of cells, smearing the collected cells centrifugally and Wright-staining the smeared cells.
USE/ADVANTAGE - For making specimen of bone marrow suitable by automatic classifying device. Uniformly dispersed specimen of bone marrow with little overlapping of cells is obtained without fluctuation by the technique of operators. (0/0)
0/0

L124 ANSWER 9 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD

ACCESSION NUMBER: 88-249643 [35] WPIDS
DOC. NO. NON-CPI: N88-190140
TITLE: **Suction** drainage **bone** screw - has continuous longitudinal bore through which medullary canal can be **evacuated** during **bone** cement application.
DERWENT CLASS: P31 P32 P34
INVENTOR(S): DRAENERT, K
PATENT ASSIGNEE(S): (DRAE-I) DRAENERT K
COUNTRY COUNT: 13
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
WO 8806023	A	880825	(8835)*	EN	21
RW: AT BE CH DE FR GB IT LU NL SE					
W: JP US					
EP 305417	A	890308	(8910)	EN	
R: AT BE CH DE FR GB IT LI LU NL SE					
JP 01502402	W	890824	(8940)		
US 5047030	A	910910	(9139)		
US 5192282	A	930309	(9312)		7
EP 305417	B1	950628	(9530)	EN	12
R: AT BE CH DE FR GB IT LI LU NL SE					
DE 3854067	G	950803	(9536)		

APPLICATION DETAILS:

PATENT NO	KIND		APPLICATION	DATE
WO 8806023	A		WO 88-EP122	880219
EP 305417	A		EP 88-901601	880219
US 5047030	A		US 90-541099	900620
US 5192282	A	Div ex	US 90-541099	900620
			US 91-756835	910909
EP 305417	B1		EP 88-901601	880219
			WO 88-EP122	880219
DE 3854067	G		DE 88-3854067	880219
			EP 88-901601	880219
			WO 88-EP122	880219

FILING DETAILS:

PATENT NO	KIND		PATENT NO
US 5192282	A	Div ex	US 5047030
EP 305417	B1	Based on	WO 8806023
DE 3854067	G	Based on	EP 305417
		Based on	WO 8806023

PRIORITY APPLN. INFO: DE 87-3705541 870220

AN 88-249643 [35] WPIDS
AB WO 8806023 A UPAB: 930923
The **bone** screw (10) has a continuous longitudinal bore in its interior , and one or several bores which contact the longitudinal bore (15). The tip of the thread of the screw is designed as a thread-forming screw. The screw is made of an extremely pure surgical steel or of titanium or a titanium alloy, and at least part of the screw is made of an absorbable material. The screw has an outer dia. of about 5 to 6.5 mm, a core dia. of about 4 to 5 mm, a thread pitch of about 1.5 to 2.5 mm and a thread length of about 15 to 25mm.

USE - For anchoring in a bore in a firm and **vacuum** -tight manner, as part of a bore cement application or drug-delivery system.

2A/5

ABEQ US 5047030 A UPAB: 930923
The **bone** screw comprises a threaded portion at a front end of the **bone** screw, the threaded portion having a core diameter. A tubular member is connected to the threaded portion, the tubular member having having a diameter greater than the core diameter of the threaded portion.

A sleeve portion is provided at a rear end of the tubular member opposite the threaded portion, the sleeve portion adapted to be engaged by a handle. A connection piece connect a **vacuum** line to the tubular member, the connection piece being provided at the rear end of the tubular member adjacent the sleeve portion.

USE - A **bone** screw to be firmly anchored in **bone** in an essentially **vacuum**-tight manner.

ABEQ US 5192282 A UPAB: 930923
The method provides **bone** screws each having a continuous bore establishing a communication canal between the first and second ends. Then inserting the first end of each **bone** screw into the **bone** such that each **bone** screw is firmly anchored in the **bone** in a **vacuum**-tight manner.

Finally delivering substances to or from the interior of the **bone** through the communication canal of each **bone** screw. The step of delivering substances includes the step of **removing** blood, fat and **bone marrow** from the interior of the **bone** through the communication canal of a first **bone** screw by **suction** drainage.

ADVANTAGE - Can be anchored in the **bone** in a firm and **vacuum**-tight manner.

2a/5

ABEQ EP 305417 B UPAB: 950804
A **bone** screw (1,10) being designed as a thread-forming screw and being threaded (2,12) to be firmly anchored in the **bone** in a **vacuum**-tight manner, the **bone** screw having a continuous longitudinal bore (3,15) in its interior and comprising a connection piece (5,22) adapted for receiving a **vacuum** line.

Dwg.1/5

L124 ANSWER 10 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 86-238799 [36] WPIDS
DOC. NO. NON-CPI: N86-178311
TITLE: Narrow puncture device - has piston carried by sample taking needle creating **vacuum-suction** moved forward under traction spring effect.
DERWENT CLASS: P31
PATENT ASSIGNEE(S): (BIOL-N) BIOLOGIE & IND SARL; (BROS-I) BROSSEL R
COUNTRY COUNT: 18
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
WO 8604805	A	860828	(8636)*	FR	22
RW: AT BE CH DE FR GB IT LU NL SE					
W: AU BR DK JP KR US					
FR 2577412	A	860822	(8640)		
AU 8655168	A	860910	(8649)		
EP 211918	A	870304	(8709)	FR	
R: AT BE CH DE FR GB IT LI LU NL SE					
BR 8605481	A	870422	(8719)		
ES 8705756	A	870801	(8735)		
JP 62502028	W	870813	(8738)		
DK 8604970	A	861017	(8747)		
US 4747414	A	880531	(8824)		
EP 211918	B	890726	(8930)	FR	
R: AT BE CH DE FR GB IT LI LU NL SE					
DE 3664558	G	890831	(8936)		

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
WO 8604805	A	WO 86-FR52	860220
EP 211918	A	EP 86-901410	850225
US 4747414	A	US 86-928245	861020
EP 211918	B	EP 86-901410	860220

PRIORITY APPLN. INFO: FR 85-2452 850220
AN 86-238799 [36] WPIDS
AB WO 8604805 A UPAB: 930922
The hollow needle (10) traverses the piston (2) and both move on a stroke that is sufficient for the needle to penetrate the **bone** to the marrow sample location. The rear part of the piston body (4) defines a closed chamber (16) on the side opposite that which is traversed by the needle.
The chamber receives sucked marrow via the needle under the **vacuum** formed as the piston moves from its first position at

needle retraction and its second position at needle projection. The needle and piston move forward under traction spring effect (12).

ADVANTAGE - causes less shock to patient and can be thrown away after use.

1/3

ABEQ EP 211918 B UPAB: 930922

Apparatus for **bone** marrow puncture comprising a needle (10) fused to a piston (2), the piston being capable of being displaced between a first and a second position in the interior of the barrel of the piston or tube (4), equipped with an anterior part, - this piston (2) being maintained in its first position against the action of means (12) exerting on it a force tending to drive it towards the second position by restraining means (6) liable to be externally controlled in order to release the movement of said piston under the action of the first means above-mentioned, - the needle (10) being entirely retracted within the interior of the anterior part of the said barrel of the piston (4) in the said first position, - the stroke of the piston being such that, when the anterior part of the instrument is placed and maintained by the operator directly or with the aid of an external system of support harnessed to this instrument against the body of the patient or at a specified distance from it, at the height of the **bone** which has to be pierced by the needle, the extremity of the needle should be capable of projecting from body of the piston at its end (32), in particular through a percussion cap (14) or something similar, passing through the thickness of the **bone** and reaching the area of the **bone** marrow where the sample is to be taken, when the piston will have been released from the braking mechanism (6) by the intermediary of means (22, 28) externally controlled, and traversing the piston (2), in the that the posterior part of the piston barrel, on the opposite side fo the piston that to which the needle is joined, defines a closed chamber (16), then allowing the **aspirated bone marrow** to be collected through the intermediary of the sampling needle, as a result of the effect of teh depression subsequently generated by the displacement of the piston from the first to the second position.

ABEQ US 4747414 A UPAB: 930922

A sampling needle (10) is fused to a piston which can be displaced within a piston barrel (4). A mechanism (6) releases the piston from a first position at which the needle is entirely withdrawn within the interior of the anterior part of the piston barrel to a second position at which the extremity of the needle is projected to the outside.

The stroke of the piston is sufficient for the needle to pierce the **bone** and reach the region of the **bone** marrow where sampling is to be carried out, when the anterior part (32) of the instrument is placed and maintained at the height of the appropriate **bone**. The posterior part of the piston barrel defines a closed chamber (16) for the collection of the **marrow** sample **aspirated** into this chamber under

the effect of the negative **pressure** generated by the displacement of the piston from the first to the second position.

USE - The instrument is for **bone** marrow puncture.

L124 ANSWER 11 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 84-317551 [51] WPIDS
DOC. NO. NON-CPI: N84-236878
TITLE: Cadaver **bone** marrow taking from bodies of vertebrae - by puncture of bodies of vertebrae from dorsal side.
DERWENT CLASS: P31
INVENTOR(S): KOKOULIN, B E; KRYAZH, E V
PATENT ASSIGNEE(S): (KIRO-R) KIROV BLOOD TRANSFU
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
SU 1090367	A	840507	(8451)*		2

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
SU 1090367	A	SU 82-3460300	820628

PRIORITY APPLN. INFO: SU 82-3460300 820628
AN 84-317551 [51] WPIDS
AB SU 1090367 A UPAB: 930925
The method is carried out using a wooden bolster 12 cm in diameter positioned consecutively under each part of the body where **bone** marrow is to be taken from the vertebrae, to move the spinous processes apart and the bodies of the vertebrae together. A needle is positioned between the spinous processes at an 80-90 degree angle to the skin and taken by twisting between the vertebrae to the canal, then slanted at 40-50 degrees and introduced by twisting into the body of the vertebra. Then the mandren is **removed** and **aspiration** of **bone** **marrow** performed by a system with a **vacuum** pump or syringe. Myeloexfusion from the body of the upper vertebra is performed by 2-3 punctures of the spongeous matter, then the direction of the needle changed to the lower vertebra without additional skin puncture.

USE - For obtaining of a large number of viable **bone** marrow cells. Bul.17/7.5.84
0/0

L124 ANSWER 12 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 82-11316E [06] WPIDS
TITLE: Treatment of osteomyelitis in intramedullary

osteosynthesis - involves **irrigating** **bone marrow** canal with iodoform soln. and **vacuum** draining.

DERWENT CLASS: A96 B05 P31
INVENTOR(S): BASKEVICH, M Y A; KAZAKOV, G M
PATENT ASSIGNEE(S): (TYUM-R) TYUMEN MEDICINE INS
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
SU 825018	B	810505	(8206)*		3

PRIORITY APPLN. INFO: SU 77-2461651 770301
AN 82-11316E [06] WPIDS
AB SU 825018 B UPAB: 930915
Treatment of osteomyelitis arising in intramedullary osteosynthesis involves general antibacterial therapy, **irrigation** of the **bone marrow** canal with a soln. of an antibacterial prepn. and **vacuum** draining, followed by the removal of the nail used to fix the **bone** fragments and then the performance of osteosynthesis outside the seat of the pathological condition.

To increase the effectiveness of treatment, the antibacterial preparation used to **irrigate** the **bone marrow** canal should be a soln. of iodoform. Also in the osteosynthesis outside the seat of injection, the **bone marrow** canal is **irrigated** additionally and **vacuum** draining performed. Defects in the soft tissues are sealed using waterproof film such as polyethylene to which a 5 per cent tincture of iodine has been applied.

Simultaneously, with the local treatment of the affected zone, general strengthening treatment, desensitising and immunotherapy are given, as is perorally and parenterally directed antibiotic therapy. Bul.16/30.4.81.

L124 ANSWER 13 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 81-G0088D [26] WPIDS
TITLE: Device for taking and transplanting **bone marrow** - has **suction** unit with concentric preservative supply and **bone marrow suction** channels equipped with monitors.

DERWENT CLASS: P34
INVENTOR(S): DUSHIN, I I; PUSHKAR, N S; ZAGOROVSKI, Y U I
PATENT ASSIGNEE(S): (ZAGO-I) ZAGOROVSKII YU I
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO KIND DATE WEEK LA PG

SU 768400 B 801007 (8126)*

PRIORITY APPLN. INFO: SU 78-2593250 780322
AN 81-G0088D [26] WPIDS
AB SU 768400 B UPAB: 930915
The device has mains for **suction** and preservative supply, joined to a **suction** unit (1) with concentric channels:inner channel (2) for preservative supply and outer channel (3) for **bone marrow** mixture **suction.**
Inner channel (2) is joined by tube (4) through preservative quantity meter (5) and feed regulator (6) to a roller pump (7) joined by tube (8) to preservative container (9) whose air inlet tube (10) has a **bactericide** filter.
The preservative quantity meter (5) works by counting the rotations of the roller pump's rotor, given that the quantity of preservative expelled with each rotation is known. Regulators (6) regulates the number of rotations per unit of time. **Suction** unit (1)'s outer channel is joined by tube (11) to **bone** marrow mixture container (12) joined by tube (13) through dilution regulator (14) to **vacuum** pump (15). The dilution regulator (14) is in the form of bellows with electromagnetic core joined to the control unit. Bul.37/7.10.80.

L124 ANSWER 14 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 78-A1394A [01] WPIDS
TITLE: **Marrow extractor** and intra osseous injection instrument - Narrow extractor and intra osseous injection instrument.
DERWENT CLASS: P31
PATENT ASSIGNEE(S): (KIRO-R) KIROV BLOOD TRANSF
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO KIND DATE WEEK LA PG

SU 548271 A 770405 (7801)*

PRIORITY APPLN. INFO: SU 75-2301980 751223
AN 78-A1394A [01] WPIDS
AB SU 548271 A UPAB: 930901
The surgical instrument for the stabilisation of medullary specimen in the needle channel features a needle with a closed point (7) above which an opening (8) is made in the needle wall. After the placement of the hollow cylinder (9) in the cavity of tubular needle (6), the cannula (2) is fixed in housing (1) by nut (3), and the

hole (11) of the cylinder is closed by turning the handle (4).

The side channel (10) between the needle and the cylinder is then fitted with the stabilising solution together with the central channel (18), and the insertion depth limiter (13) is set to the required position. The needle is forced into the **bone** by pressing the turning handle (15) followed by connection of both the cannula (2) and channel (18) to a **vacuum** source.

Clockwise turn of handle (4) by 90 deg. opens up hole (11) so that the stabilising solution can be mixed with the medullary specimen drawn into the cannula (2). The amount of solution admitted is adjusted with a clamp on the plastic hose connected to nipple (17).

L124 ANSWER 15 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 76-H1092X [32] WPIDS
TITLE: **Bone marrow extraction** device - hollow needle linked to collection chamber and to preserving solution dosing chamber.
DERWENT CLASS: P34
PATENT ASSIGNEE(S): (AUCR-R) AS UKR CRYOGEN BIOL; (KHBL-R) KHARK BLOOD TRANSFUSION; (KHGE-R) KHARK GEN CASUALTY SURG
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
SU 487642	A	760119	(7632)*		

PRIORITY APPLN. INFO: SU 72-1769740 720410
AN 76-H1092X [32] WPIDS
AB SU 487642 A UPAB: 930901
The device for **bone marrow extraction** comprises collection unit, **vacuum** pump with receiver and control block. To prevent clotting of **bone** marrow and simultaneous dosing of preserving solution into the **bone** cavity, the solution feed unit has a preservative reservoir with equalising level sensors, linked to a control block and a tube system with an electromagnetic valve. The collection unit has a collector reservoir linked by tube to the **vacuum** pump receiver and level equalising sensors linked to the control block. A hollow needle is connected by tube to the collection chamber and also to the preserving solution dosing chamber.

L124 ANSWER 16 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 75-80982W [49] WPIDS
TITLE: **Marrow** cells **extn** from porous **bone** - giving better yield of cells capable of life.
DERWENT CLASS: A96 B04 C03

PATENT ASSIGNEE(S): (LEHA-R) LENGD HAEMATOLOGY
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
SU 454882	A	750328	(7549)*		

PRIORITY APPLN. INFO: SU 72-1778644 720524
AN 75-80982W [49] WPIDS
AB SU 454882 A UPAB: 930831
The pposed method is based on transverse cutting of porous **bone** to give discs of thickness 1-5mm and then retracting the cells using a soln. contg. (% by wt.): polyvinyl pyrrolidone 8-12; saccharose 3.5-4.5; glucose 0.3-0.4; Trilon B 0.15-0.20; Levomycetin 0.005-0.010; double-distd. water to 100. The previous, more difficult, method used ground **bones**. The **bone** (e.g. rib or sternum free of soft fibres) is cut up into discs at room temp. under aseptic conditions and stored in sterile glass bottles contg. sterile universal soln. (contg. anticoagulant and cryo-conservant) of compsn. (% by wt.): vinyl pyrrolidone/crotonic acid copolymer 0.6-0.9; glycerine 2-5; saccharose 4-5; glucose 0.3-0.6; levomycetin 0.005-0.010; double-distd. water to 100. This soln. may be replaced by pposed extracting soln. The suspn. of extd. cells (after mechanical shaking) is filtered through capron before centrifuging 15 mins. at 4 degrees C and 1200 revs/min. Removal of top layer by **vacuum** leaves cell suspn. for storing in metal container and freezing.

L124 ANSWER 17 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 75-34561W [21] WPIDS
TITLE: Medicaments contg **bone** marrow - isolated in the absence of air.
DERWENT CLASS: B04
PATENT ASSIGNEE(S): (SOUR-I) SOURON Y M F
COUNTRY COUNT: 4
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
DE 2452235	A	750515	(7521)*		
JP 50077515	A	750624	(7534)		
PT 63032	A	751218	(7603)		
FR 2276058	A	760227	(7616)		
FR 2278344	A	760319	(7619)		

PRIORITY APPLN. INFO: FR 73-40385 731108; FR 74-13856 740403; FR 74-23221 740628
AN 75-34561W [21] WPIDS
AB DE 2452235 A UPAB: 930831
A medicament for external use comprises (a) **bone marrow extracted** from the **bone** in an inert atmosphere (pref. N2) or in **vacuo**, and (b) opt. other components. When isolated in the absence of air, **bone** marrow has pharmacological properties not possessed by **bone marrow extracted** in the presence of air. e.g. it has an anti-inflammatory action, promotes the healing of open wounds and improves the condition of the blood. The other components can include disinfectants (e.g. alcohol), antioxidants, (e.g. tocopherol), cooking salt or sea salt, and plant extracts in homoeopathic dilutions. The medicament is pref. applied in the form of an ointment, a syrup or an aq. or oil suspension.

=> d l125 1-7 ti

L125 ANSWER 1 OF 7 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
TI Selective sepn. of cells from suspension using ligand-modified membrane - and release of retained cells by application of back **pressure**, e.g. for removing cancer cells and T lymphocytes from **bone** marrow grafts.

L125 ANSWER 2 OF 7 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
TI Gas propelled trocar needle driving instrument for driving into **bone** marrow of patient - has housing with centrally perforated partition, with frontal portion of housing forming cylinder containing piston, and rear portion having compressed gas bottle.

L125 ANSWER 3 OF 7 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
TI **Bone marrow extraction press** - has vertically movable table to which concentric cylinders are fixed, plus inner piston that acts on raw material to **press** liq. fraction via holes.

L125 ANSWER 4 OF 7 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
TI Study method for blood circulation within **bone** - by **extraction** and return of **bone-marrow** blood with observation of arterial **pressure** recovery times.

L125 ANSWER 5 OF 7 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
TI Squeezing method e.g. to **remove marrow** from **bones** - using piston and cylinder while gas is introduced into space.

L125 ANSWER 6 OF 7 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
TI **Bone** marrow transplant appts. - has electronically

controlled valve and fluid-flow control unit and replaces with intravenous solution while withdrawing blood.

L125 ANSWER 7 OF 7 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
TI **Bone** transplant prepn. by **washing marrow** with **pressurised** liq. - channels are drilled for liq. passage, in staggered pattern 8 MM away from one another.

=> d l125 1,3,5,7 ibib abs

L125 ANSWER 1 OF 7 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 97-165434 [15] WPIDS
DOC. NO. NON-CPI: N97-136183
DOC. NO. CPI: C97-053413
TITLE: Selective sepn. of cells from suspension using ligand-modified membrane - and release of retained cells by application of back **pressure**, e.g. for removing cancer cells and T lymphocytes from **bone** marrow grafts.
DERWENT CLASS: B04 C06 D16 S03
INVENTOR(S): COLTON, C K; POMIANEK, M J
PATENT ASSIGNEE(S): (MASI) MASSACHUSETTS INST TECHNOLOGY
COUNTRY COUNT: 19
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
WO 9707389	A1	970227	(9715)*	EN	30

RW: AT BE CH DE DK ES FI FR GB GR IE IT LU MC NL PT SE
W: CA JP

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
WO 9707389	A1	WO 96-US13361	960816

PRIORITY APPLN. INFO: US 95-2482 950818
AN 97-165434 [15] WPIDS
AB WO 9707389 A UPAB: 970410
A mixt. of two cell types (A,B) present in suspension is sepd. by: (i) contacting the suspension with a porous material (PM) carrying ligands (I) that can bind to (A) to form a PM-(I)-(A) complex; (ii) removing cells B from the PM; (iii) applying a back **pressure** across the complex to detach (A); and (iv) recovering the detached cells. More generally the use of back **pressure** to detach cells adsorbed on a PM is also new.
USE - The method is used for the sepn. of animal or plant cells or microorganisms present e.g. in blood, lymph and **bone marrow aspirate**. Typical applications are removal

of cancer cells and T lymphocytes from **bone** marrow grafts; selection of stem cells for marrow transplants or of specific white blood cell subpopulations for transfusion; selection of antigen-specific hybridomas or pancreatic islet cells; removal of HIV infected cells for treatment of AIDS; and isolation of stem cells from **bone** marrow or peripheral blood for treatment of malignancies and leukaemias.

ADVANTAGE - The method is very specific for a chosen cell type and most (esp. > 95%) of the detached cells are viable.

Dwg.2/3

L125 ANSWER 3 OF 7 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 92-298268 [36] WPIDS
DOC. NO. CPI: C92-133020
TITLE: **Bone marrow extraction press** - has vertically movable table to which concentric cylinders are fixed, plus inner piston that acts on raw material to **press** liq. fraction via holes.
DERWENT CLASS: D12
INVENTOR(S): CHIZHIKOV, E N; SYCHEVA, Z P; ZOTOV, B S
PATENT ASSIGNEE(S): (MOMO-R) MOSC MOSMYASOPROM MEAT IND COMBINE
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
SU 1694089	A1	911130	(9236)*		3

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
SU 1694089	A1	SU 88-4611272	881130

PRIORITY APPLN. INFO: SU 88-4611272 881130
AN 92-298268 [36] WPIDS
AB SU 1694089 A UPAB: 931006

Stand (1) has support plate (2) movable table (3) on which is vertical cylindrical (4) with holes (5) and pistons (6) that moves up/down inside cylinder. Fixed to table is extra cylinder (7), concentric to main one (4), forming circular gap (9) between their bottom parts. Holes are made as vertical slits (10) in circular gap zone. Cylinders are removably fixed to table.

USE/ADVANTAGE - As equipment to squeeze out liquid hard to separate fractions, e.g. in meat industry to **extract bone-marrow**. Prodn. is increased, sterility guranteed, and hygienic processing conditions improved.

Bul.44/30.11.91

2/2

L125 ANSWER 5 OF 7 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 85-162117 [27] WPIDS
DOC. NO. NON-CPI: N85-122242
DOC. NO. CPI: C85-070841
TITLE: Squeezing method e.g. to **remove** **marrow** from **bones** - using piston and cylinder while gas is introduced into space.
DERWENT CLASS: D12 P71
PATENT ASSIGNEE(S): (YAMA-I) YAMAGUCHI T
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
JP 60092098	A	850523	(8527)*		3

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
JP 60092098	A	JP 83-197654	831024

PRIORITY APPLN. INFO: JP 83-197654 831024
AN 85-162117 [27] WPIDS
AB JP60092098 A UPAB: 930925
When pressing out liquid from a substance put in a space surrounded by a piston and a cylinder, gas is introduced into the space.

Pref. a pipe is arranged connected to the space by perforating the piston and an inner pipe is arranged in the pipe. Openings to deliver the gas are formed on the pipe and on the inner pipe. When gas is not delivered through the pipes, the inner pipe is located at a position where the openings on the inner pipe are not aligned with the openings on the outer pipe so as not permit passage of fluid through the openings. Pref. a baffle body of spindle or conical shape is arranged in the space surrounded by piston and cylinder. Pref. means are provided to cause withdrawal of bottom of the cylinder when **pressure** in the space exceeds a certain value, to form a gap between the piston and the cylinder for the liq. and to deliver remained substance to outside of the cylinder.

USE/ADVANTAGE - Used to **press** out liq. contained in a substance by squeezing, and is partic. effective for pressing out marrow from compressed **bones** of birds, fish or animals or to separate fish meat from skin and scale of a fish.
0/4

L125 ANSWER 7 OF 7 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 82-D6208E [13] WPIDS
TITLE: **Bone** transplant prepn. by **washing** **marrow** with **pressurised** liq. -

channels are drilled for liq. passage, in staggered pattern 8 MM away from one another.
DERWENT CLASS: P31
INVENTOR(S): ERMAKOV, V I
PATENT ASSIGNEE(S): (GAID-I) GAIDUKOV A A
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
SU 839500	B	810626	(8213)*		2

PRIORITY APPLN. INFO: SU 78-2605514 780418
AN 82-D6208E [13] WPIDS
AB SU 839500 B UPAB: 930915
The **bone** transplant can be prepared by **bone marrow washing** out by a flowing liq. under **pressure**. To retain the **bone** transplant join surface, channels are drilled from the join sinew side to the **bone** marrow cavity. The liq. is then perfused through these channels. The channels diameter is 1.5 mm. The channels are staggered and are at 8 mm from each other. The base is first washed through with water at 50-55 deg. C for 2-3 days. The transplant is then washed through by 15-20% Perhydrol (R.T.M) at 50-55 deg.C Bul.23/23.6.81

=> file biosis
FILE 'BIOSIS' ENTERED AT 12:53:28 ON 30 JUN 1997
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FILE COVERS 1969 TO DATE.
CAS REGISTRY NUMBERS AND CHEMICAL NAMES (CNs) PRESENT FROM JANUARY 1969 TO DATE.

RECORDS LAST ADDED: 24 June 1997 (970624/ED)
CAS REGISTRY NUMBERS (R) LAST ADDED: 24 June 1997 (970624/UP)

=> d l126 1-22 ti so ab

L126 ANSWER 1 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI Incidence, significance, and kinetic mechanism responsible for leukemoid reactions in patients in the neonatal intensive care unit: A prospective evaluation.
SO Journal of Pediatrics 129 (3). 1996. 403-409. ISSN: 0022-3476
AB Objective: To prospectively investigate the incidence, significance, and kinetic mechanism responsible for leukemoid reactions in patients in the neonatal intensive care unit (NICU). Design: We prospectively studied all infants admitted to the NICU at the University of Florida

who, during a period of 12 consecutive months, had a leukemoid reaction. All those identified had a standardized evaluation consisting of (1) karyotype analysis, (2) **bacterial** cultures, (3) evaluations for toxoplasmosis, other (congenital syphilis and **viruses**), rubella, cytomegalovirus, and herpes simplex **virus**) (TORCH), (4) determination of blood viscosity, (5) use of **marrow aspirates** for morphology, clonogenic progenitor cell assays, and cell-cycle analysis of progenitors, (6) determination of serum concentrations of granulocyte and granulocyte-macrophage colony-stimulating factors, and (7) serial complete blood cell counts until the leukemoid reaction remitted. Results: During 12 months, 707 patients were admitted to the NICU and 4262 complete blood cell counts were performed on samples from these patients. A leukemoid reaction was identified in nine patients, all of whom were preterm (born at 24 to 38 weeks' gestation). Peak blood leukocyte concentrations were 51.7 +- 15.6 times 10-3/mu-l (mean +- SD). The leukemoid reactions were detected during the first 4 days of life in seven patients, on day 9 in one, and on day 25 in one. An abnormal karyotype (47,XY, +21) was present in one infant. Mothers of four infants had received betamethasone antenatally. None had elevated whole blood viscosity or positive findings on **bacterial** or TORCH evaluations. None of the bone marrow findings were consistent with steroid-induced leukocytosis; all studies indicated accelerated neutrophil production. Serum concentrations of granulocyte-macrophage colony-stimulating factor were either negligible or nondetectable. Serum granulocyte colony-stimulating factor was elevated in three patients, low in two, and nondetectable in four. The leukemoid reactions persisted for 5 to 32 days, the longest being in the patient with trisomy 21. Conclusions: Leukemoid reactions were not particularly rare in our NICU (1.3% of patients). The reactions were not associated with hyperviscosity and, except in one patient with a karyotype abnormality, were transient. The responsible kinetic mechanism was increased neutrophil production, not steroid-induced leukocytosis.

L126 ANSWER 2 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS

TI Primary hepatic non-Hodgkin's lymphoma in children: A case report and review of the literature.

SO Medical and Pediatric Oncology 28 (5). 1997. 370-372. ISSN: 0098-1532

AB Non-Hodgkin's lymphomas presenting exclusively in the liver are rather uncommon in adults and extremely rare in children. We describe a six-year-old white boy with jaundice, abdominal pain, and weight loss of two weeks duration. Physical examination disclosed asthenia, jaundice, abdominal swelling large hepatomegaly, and ascitis. Aminotransferases, bilirubin, and alkaline phosphatase were significantly elevated. **Bone marrow aspiration**, cerebrospinal fluid, chest x-ray, renal function tests, and uric acid were normal. Abdominal **ultrasound** showed liver enlargement with irregular borders, many parenchymal

nodules in both liver lobes, a large hypoechogenic mass in the inferior segment of the liver, normal biliary ducts and two pancreatic nodules resembling those in the liver. Liver needle biopsy disclosed diffuse lymphomatous infiltration. Blast cells were positive for leukocyte common antigen (CD 45). Immunohistochemistry study for T or B cell lineage differentiation was not done. The child showed an excellent response to chemotherapy based on the BFM-83 protocol for B cell non-Hodgkin's lymphomas. The patient had his therapy discontinued in June 1995 and remains in first complete remission as of May 20th, 1996.

L126 ANSWER 3 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI Primary extramedullary plasmacytoma of the liver.
SO Journal of Clinical Pathology (London) 50 (1). 1997. 74-76. ISSN: 0021-9746
AB Extramedullary plasmacytoma of the liver is a rare tumour, only two cases of which have been reported so far. A third case arising in a 22 year old woman, who presented with abdominal pain and enlargement of the liver, is described. **Ultrasound** and a computed tomography scan showed a solitary hepatic mass, 12 cm diameter, involving both lobes of the liver. Serum immunoelectrophoresis revealed an IgG kappa monoclonal gammopathy. Histologically, the tumour was composed of mature plasma cells with mild atypia. The plasma cells infiltrated the liver parenchyma and showed kappa light chain restriction. The monoclonal nature of the tumour was also demonstrated by PCR amplification of the immunoglobulin heavy chain genes. There was no evidence of **bone** involvement and repeated **bone marrow aspirates** and biopsy specimens were normal. The patient was treated with eight courses of chemotherapy. One year after diagnosis, the patient is well, the size of the tumour has decreased and the paraproteinaemia has disappeared.

L126 ANSWER 4 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI Prospective evaluation of fever of unknown origin in patients infected with the human immunodeficiency **virus**.
SO European Journal of Clinical Microbiology & Infectious Diseases 15 (9). 1996. 705-711. ISSN: 0934-9723
AB The aim of this study was to determine the frequency and aetiology of fever of unknown origin (FUO) in patients infected with the human immunodeficiency **virus** (HIV), to assess the value of the tests used in its diagnosis, and to evaluate possible models of diagnosis for the causes found most frequently. One hundred twenty-eight (3.5%) of 3603 hospitalised HIV-positive patients evaluated from October 1992 to December 1993 had FUO, defined by established criteria. Eighty-six percent of patients with FUO had previously progressed to AIDS. The median CD4+ cell count was 46/mm-3. A definite diagnosis was made in 96 (75%) of the 128 patients and a possible diagnosis in 24 (18.7%), whilst no diagnosis was made in eight cases (6.2%). Tuberculosis (48.3%), visceral leishmaniasis (16%), and infection by Mycobacterium avium complex

(6.9%) were the diseases found most frequently. The most useful diagnostic tests were liver biopsy (68.9%) and **bone marrow aspirate**/biopsy (39.7%). It is not possible to predict clinically the cases of FUO due to tuberculosis, whilst thrombocytopaenia lt 100,000 cells/mm-3 alone is useful for differentiating the cases of visceral leishmaniasis, with a negative predictive value of 95.2%.

L126 ANSWER 5 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI Allergen-induced increase in bone marrow progenitors in airway hyperresponsive dogs: Regulation by a serum hemopoietic factor.
SO American Journal of Respiratory Cell and Molecular Biology 15 (3). 1996. 305-311. ISSN: 1044-1549
AB We have previously reported that bone marrow progenitors in dogs, specifically granulocyte-macrophage colony-forming units (GM-CFU), increase developing airway hyperresponsiveness after inhalation of the allergen Ascaris suum. In the present study, we evaluated whether this increased marrow hemopoietic activity can be stimulated by a factor in serum after allergen challenge. Serum samples taken from dogs prior to and 20 min, 2 h, and 24 h after Ascaris or **diluent** challenge were added to **bone marrow** cells **aspirated** prior to challenge, and GM-CFU measured. A second **bone marrow aspirate** was performed 24 h after challenge. Nonadherent mononuclear bone marrow cells were incubated for 8 days in the presence of the serum and recombinant canine hemopoietic cytokines (stem cell factor, granulocyte colony stimulating factor, GM colony-stimulating factor). Eight dogs that developed (airway responders) and eight dogs that did not develop (airway nonresponders) allergen-induced airway hyperresponsiveness were studied. Allergen inhalation increased bone marrow GM-CFU in response to all three growth media in vitro for the airway responder (P lt 0.05) but not airway nonresponder dogs. The 24-h serum, taken from the airway responder but not the airway nonresponder dogs, produced a similar increase in granulocyte progenitors when added to the bone marrow taken before allergen inhalation (P lt 0.05). These findings demonstrate that bone marrow-derived granulocyte progenitors are upregulated by a factor that can be shown to be present in serum 24 h after allergen challenge in dogs that develop allergen-induced airway hyperresponsiveness. Whether in vivo stimulation of bone marrow inflammatory cell production is necessary for the development of allergen-induced airway hyperresponsiveness remains to be proven.

L126 ANSWER 6 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI Mycobacterium avium complex (MAC) isolated from AIDS patients and the criteria required for its implication in disease.
SO Revista do Instituto de Medicina Tropical de Sao Paulo 37 (5). 1995. 375-383. ISSN: 0036-4665
AB Before the AIDS pandemia, the Mycobacterium avium complex (MAC) was responsible in most cases for the pneumopathies that attack patients with basic chronic pulmonary diseases such as emphysema and chronic

bronchitis. In 1981, with the advent of the acquired immunodeficiency syndrome (AIDS), MAC started to represent one of the most frequent **bacterial** diseases among AIDS patients, with the disseminated form of the disease being the major clinical manifestation of the infection. Between January 1989 and February 1991, the Section of Mycobacteria of the Adolfo Lutz Institute, Sao Paulo, isolated MAC from 103 patients by culturing different sterile and no-sterile processed specimens collected from 2304 patients seen at the AIDS Reference and Training Center and/or Emilio Ribas Infectology Institute. Disseminated disease was diagnosed in 29 of those patients on the basis of MAC isolation from blood and/or **bone marrow aspirate**. The other 74 patients were divided into categories highly (5), moderately (26) and little suggestive of disease (43) according to the criteria of DAVIDSON (1989). The various criteria for MAC isolation from sterile and non-sterile specimens are discussed.

L126 ANSWER 7 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI First case of disseminated Mycobacterium avium infection following chemotherapy for childhood acute myeloid leukemia.
SO Infection 23 (5). 1995. 301-302. ISSN: 0300-8126
AB A 14-year-old girl of Indian origin with acute myeloid leukemia (AML) is presented, who was diagnosed at the age of twelve. Antileukemic chemotherapy had to be discontinued after 6 weeks because of persistent high fever and the emergence of liver and spleen abscesses. Serologic and biopsy findings were consistent with disseminated candidiasis; however, a liver biopsy also revealed granulomatous lesions with caseous degeneration. No acid-fast **bacilli** could be detected. Upon antifungal treatment the patient's condition improved, but fever spells and high inflammatory blood parameters persisted. One year after the diagnosis of AML was established, Mycobacterium avium was cultured from **bone marrow aspirates**. The patient's cellular immunity was severely compromised at that time as reflected by the marked depression of T-lymphocyte counts, in particular of CD4-positive cells. HIV and other lymphotropic **virus** infections were subsequently excluded. After 5 months of specific treatment the patient recovered from mycobacterial infection and remains in first remission of AML. Opportunistic infections have rarely been diagnosed in oncologic patients to date, while data on T-cell function in AML is sparse. Fever of unknown origin should prompt the search for infectious agents unusual to date in this patient group.

L126 ANSWER 8 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI Hematologic and growth-related effects of frequent prenatal **ultrasound** exposure in the long-tailed macaque (Macaca fascicularis).
SO Ultrasound in Medicine and Biology 21 (8). 1995. 1073-1081. ISSN: 0301-5629
AB Prior investigations have shown that reduced birth weights and transient neutropenias result from frequent exposure of monkey

fetuses to **ultrasound**. To further explore these findings, 26 animals were studied (16 exposed, 10 controls; "triple mode"; ATL Ultramark 9 with HDI; I-SPTAd apprx 645 to 714 mW/cm-2). Exposures were performed daily for 5 days each week from gestational days (GD) 21 to 35 (5 min), three times weekly from GD 36 to 60 (5 mi), then weekly from GD 61 to 153 +- 1 (10 min). Fetal blood samples (FBS) were collected for complete blood counts (CBCs), hematopoietic progenitor assay, circulating insulin-like growth factors (IGF-I, IGF-II) and binding proteins (IGFBP-3) (GD 120, 140, 153 +- 1). Animals were delivered by Cesarean section at term (GD 153 +- 1), and body weights, morphometrics, CBCs, and **bone marrow aspirates** assessed at delivery and postnatally for 3 months. Fetal neutropenias were noted in exposed animals in addition to reduced circulating progenitors (colony forming unit-granulocyte-macrophage (CFU-GM)). Growth of CFU-GM from **bone** marrow was exuberant at term, whereas circulating levels were diminished comparable to prenatal samples. Exposed animals were smaller at birth; marked reductions in IGFBP-3 were noted prenatally. These data suggest that frequent prenatal **ultrasound** exposure can transiently alter the neutrophil lineage, although these findings may be the result of enhanced margination and organ sequestration. Data also suggest that transient, altered growth patterns may be due to perturbations of the IGF axis.

L126 ANSWER 9 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI Sensitive detection of numerical and structural aberrations of chromosome 1 in neuroblastoma by interphase fluorescence in situ hybridization: Comparison with restriction fragment length polymorphism and conventional cytogenetic analyses.
SO International Journal of Cancer 61 (2). 1995. 185-191. ISSN: 0020-7136
AB Chromosome I abnormalities are indicators of prognosis in neuroblastoma (NS) but are not yet routinely exploited because conventional methods are technically demanding. We evaluated the pertinence of interphase cytogenetics fluorescence in situ hybridization (FISH) for the analysis of chromosome 1 in NS, compared with conventional methods. Deletion of 1p was detected in 8 of 9 cell lines analyzed by both FISH and restriction fragment length polymorphism (RFLP), but was evidenced in only 2 cases by conventional cytogenetics, painting analysis being required to reveal the other cases. The chromosome 1 number evaluated by FISH reflected the total chromosome modal number obtained by cytogenetics. Twenty-eight specimens obtained from **ultrasound**-guided punctures, surgical biopsies of the primary tumor and **bone-marrow aspirates** were studied by FISH on frozen cytocentrifuged smears; 12 had a chromosome 1 trisomy and 16 a disomy. Requirements for a reliable control analysis of 1p deletion by RFLP were met in only 23 cases. The retention of 2 alleles was observed in 15 cases and 1p deletion in 7, by both techniques. In one case, an interstitial deletion of 1p was evidenced only by RFLP, and one of 5 cases analyzed only by FISH had a 1p deletion. Although FISH

might be improved by using additional probes, it presents major advantages for routine exploitation. Determining 1p deletion in individual cells makes it possible to analyze small and heterogeneous tumoral specimens; the technique requires only a few hours and can easily be standardized in non-specialized laboratories. The number of chromosome 1 homologues per cell might serve as a rapid screening for ploidy.

L126 ANSWER 10 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI A randomized, placebo-controlled trial of recombinant human granulocyte colony-stimulating factor administration in newborn infants with presumed sepsis: Significant induction of peripheral and **bone** marrow neutrophilia.
SO Blood 84 (5). 1994. 1427-1433. ISSN: 0006-4971
AB Host defenses in the human neonate are limited by immaturity in phagocytic immunity. Such limitations seem to predispose infected newborns to neutropenia from an exhaustion of the neutrophil reserve. Among the critical defects thus far identified in neonatal phagocytic immunity is a specific reduction in the capacity of mononuclear cells to ex- **press** granulocyte colony-stimulating factor (G-CSF) after stimulation. However, the safety, pharmacokinetics, and biological efficacy of administration of recombinant human (rh)G-CSF to infected human newborns to compensate for this deficiency is unknown. Forty-two newborn infants (26 to 40 weeks of age) with presumed **bacterial** sepsis within the first 3 days of life were randomized to receive either placebo or varying doses of rhG-CSF (1.0, 5.0, or 10.0 mu-g/kg every 24 hours (36 patients) or 5.0 or 10.0 mu-g/kg every 12 hours (6 patients)) on days 1, 2, and 3. Complete blood counts with differential and platelet counts were obtained at hours 0, 2, 6, 24, 48, 72, and 96. Circulating G-CSF concentrations were determined at hours 0, 2, 6, 12, 14, 16, 18, 24, and 36. Tibial **bone marrow aspirates** were obtained after 72 hours for quantification of the **bone** marrow neutrophil storage pool (NSP), neutrophil proliferative pool, granulocyte progenitors, and pluripotent progenitors. Functional activation of neutrophils (C3bi expression) was determined 24 hours after rhG-CSF or placebo administration. Intravenous rhG-CSF was not associated with any recognized acute toxicity. RhG-CSF induced a significant increase in the blood neutrophil concentration 24 hours after the 5 and 10 mu-g/kg doses every 12 and 24 hours and it was sustained as long as 96 hours. A dose-dependent increase in the NSP was seen following rhG-CSF. Neutrophil C3bi expression was significantly increased at 24 hours after 10 mu-g/kg every 24-hour dose of rhG-CSF. The half-life of rhG-CSF was 4.4 +- 0.4 hours. The rhG-CSF was well tolerated at all gestational ages treated. The rhG-CSF induced a significant increase in the peripheral blood and **bone** marrow absolute neutrophil concentration and in C3bi expression. Future clinical trials aimed at improving the outcome of overwhelming **bacterial** sepsis and neutropenia in newborn infants might include the use of rhG-CSF.

L126 ANSWER 11 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI Primary meningeal extraosseous Ewing's sarcoma: Case report.
SO Neurosurgery (Baltimore) 35 (1). 1994. 143-147. ISSN: 0148-396X
AB A 25-year-old man presented with a suspected right-sided subdural hematoma after a skiing accident. A large hemorrhagic mass was found and was **evacuated**. Histological studies demonstrated a highly cellular neoplasm with extensive hemorrhage. Further histological, immunohistochemical (including staining for Ewing's sarcoma cell surface antigen), and ultrastructural analyses of the tumor were consistent with Ewing's sarcoma. Search for other foci of this neoplasm by **bone** scan, full body computed tomographic scans, magnetic resonance imaging scans of the spine, and a **bone marrow aspiration** with biopsy failed to detect any soft tissue or bony involvement outside the cranium. This case appears to represent the first report of a primary extraosseous Ewing's sarcoma occupying the cranial subdural area.

L126 ANSWER 12 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI Diagnostic utility of bone **marrow** core biopsy, **bone marrow aspiration** with culture, and lysis centrifugation blood culture in HIV patients with fever of unknown origin.
SO Thirty-fifth Annual Meeting of the American Society of Hematology, St. Louis, Missouri, USA, December 3-7, 1993. Blood 82 (10 SUPPL. 1). 1993. 624A. ISSN: 0006-4971

L126 ANSWER 13 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI EVALUATION OF THE BIOEFFECTS OF PRENATAL **ULTRASOUND** EXPOSURE IN THE CYNOMOLGUS MACAQUE MACACA-FASCICULARIS III. DEVELOPMENTAL AND HEMATOLOGIC STUDIES.
SO TERATOLOGY 47 (2). 1993. 159-170. CODEN: TJADAB ISSN: 0040-3709
AB The multiple applications of diagnostic **ultrasound** in obstetrics have resulted in a continued rise in the prenatal population exposed each year. Although human epidemiologic and experimental studies with various animal models have not consistently documented any significant, reproducible findings related to clinically relevant exposures, technologic changes in scanning equipment and gaps in our knowledge regarding the interaction(s) of **ultrasound** with tissues emphasize the need to pursue safety issues. Studies with nonhuman primates have provided information on the potential for pre and postnatal effects on offspring exposed repeatedly during gestation (ATL MK 600, 7.5 MHz, ISPTA = 27 mW/cm2; ISPPA = 85 W/cm2; Estimated power = 12 mW-scanned for 10 min 5 times weekly gestatoinal day [GD] 20-35; 3 times weekly GD 36-60; once weekly for 20 min GD 60-150). These studies have indicated transient effects on body weight, white blood cell counts (WBCs) and muscle tone postnatally. In an effort to confirm these findings and focus on hematologic changes, a second series of studies was initiated using the same exposure conditions (N = 22; 11 exposed, 11 sham controls). Data derived from both studies were combined and confirmed transient reductions in body weights for infants up through 4 months of age (P

.ltoreq. 0.03); no statistically significant differences in muscle tone were noted. Similar to the original findings, WBCs were transiently reduced on days 3 (P .ltoreq. 0.20) and 21 (P .ltoreq. 0.05); prenatal sampling indicated a significant difference between the groups on GD 140 (P .ltoreq. 0.04). No direct effects were evident in **bone marrow aspirates** collected on postnatal days, 3, 9, and 21 .+-. 1. Although animals were able to compensate for these observed changes and remained unaffected by their occurrence, additional studies will be required to further our understanding of this phenomenon.

L126 ANSWER 14 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI REFRACTILE MYCOBACTERIA IN ROMANOWSKY-STAINED BONE MARROW SMEARS A COMPARISON OF ACID-FAST-STAINED TISSUE SECTIONS AND ROMANOWSKY-STAINED SMEARS.
SO AM J CLIN PATHOL 97 (3). 1992. 318-321. CODEN: AJCPAI ISSN: 0002-9173
AB The appearance of mycobacteria was studied in Wright-stained bone marrow preparations of human immunodeficiency **virus** -infected patients and compared with acid-fast-stained trephine biopsy sections and culture results. Mycobacterium avium complex in Romanowsky-stained preparations may be seen as extracellular and intracellular clear or red refractile beaded rods and nonrefractile "negative images." Refractile mycobacteria were seen in 17 of 20 culture-positive cases. Acid-fast stain of the trephine biopsy demonstrated organisms in only 11 of the 20 cases. Thus, six cases were culture positive and contained refractile rods but had no acid-fast organisms on the trephine biopsy. No false-positive results were seen with Romanowsky stain; the three false-negative results for refractility also were negative with acid-fast stain. Examination of Romanowsky-stained smears or imprints for refractile mycobacteria provides a reliable and sensitive method to identify mycobacteria in this population. Romanowsky-stained **bone marrow aspirate** and imprint smears should be examined for refractile **bacilli** when mycobacterial infection is suspected.

L126 ANSWER 15 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI HEMATOGENOUS DISSEMINATION OF MYCOBACTERIUM-TUBERCULOSIS IN PATIENTS WITH AIDS.
SO REV INFECT DIS 13 (6). 1991. 1089-1092. CODEN: RINDDG ISSN: 0162-0886
AB Proof of hematogenous dissemination of Mycobacterium tuberculosis was initially reported in the early 1900s and was noted to be most frequent in patients with miliary tuberculosis. More recently, M. tuberculosis **bacteremia** has been reported in human immunodeficiency **virus** (HIV)-infected patients. We describe 13 adult HIV-infected patients in whom hematogenous M. tuberculosis dissemination was evident. Although for most patients whose **bone marrow aspirate** cultures yielded M. tuberculosis a chest roentgenogram revealed a miliary pattern, roentgenograms for those with M. tuberculosis **bacteremia**

usually revealed evidence of lobar or diffuse infiltrates. Most patients with M. tuberculosis **bacteremia** had other risk factors for M. tuberculosis, and many had a rapid death, suggesting acute fulminant infection. Our own experience suggests that there are various syndromes associated with hemotogenous dissemination in patients infected with M. tuberculosis.

L126 ANSWER 16 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI PROGNOSTIC SIGNIFICANCE OF CARCINOMA CELLS IN **BONE** MARROW OF BREAST CANCER PATIENTS.
SO GEBURTSH FRAUENHEILKD 50 (12). 1990. 923-928. CODEN: GEFRA2 ISSN: 0016-5751
AB In 95% of patients with primary breast cancer, the extent of metastases cannot be proven by conventional methods. Nevertheless, more than 50% of by these patients have a relapse within five years. To improve the predictive value for recurrency, we examined **bone marrow aspirates** of 128 patients with primary breast cancer. **Bone marrow aspirates** from 2-6 sites of the skeleton (iliac crest and sternum) were taken as well as biopsies for histological examination. The immunohistochemical studies were carried out on interphase smears and stained with cytoceratin antibodies (PKK 1) and antibodies against tumor-specific antigen TAG 12 (12 H12). All patients were screened for distant metastases (X-ray, **ultrasound**, **bone** scan). Tumor cells and micrometastases in **bone** marrow were detected in 41 patients (32%). Their presence was correlated to other prognostic factors (tumor size, lymph node status, oestrogen/progesterone receptors). The median duration of follow-up was 39.5 months. 14 patients (45%) in the tumor cell positive group relapsed, compared to only 4 out of 36 patients in the tumor cell negative group. In 29% we found **bone** metastases. The relapse free interval was shorter for patient with micrometastases (8 vs. 15.8 months). The presence of tumor cells in **bone marrow aspirates** detected at the time of primary surgery, is a useful prognostic factor and a good predictor of metastases and may help in selecting patients for systemic adjvuant treatment.

L126 ANSWER 17 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI BUFFY COAT TRANSFUSIONS IN NEUTROPENIC NEONATES WITH PRESUMED SEPSIS A PROSPECTIVE RANDOMIZED TRIAL.
SO PEDIATRICS 80 (5). 1987. 712-720. CODEN: PEDIAU ISSN: 0031-4005
AB Neonatal sepsis, accompanied by neutropenia, is associated with a high mortality. To determine whether granulocyte transfusions improve the survival of critically ill neutropenic infants, we prospectively randomized 25 infants to transfusion and nontransfusion groups, matching for birth weight (.ltoreq. 1,500 g or > 1,500 g). Infants with necrotizing enterocolitis were randomized separately. Neutropenia was established by two successive absolute neutrophil counts .ltoreq. 1,500 cells prior to randomization. The transfusion (n = 12) and nontransfusion (n = 13) groups did not differ with

respect to clinical or hematologic characteristics. In 23 of 25, **bone marrow aspirations** were performed to determine the percentage of neutrophil storage pool. Granulocyte transfusions of buffy coats from single units of whole blood (0.1 to 0.9 .times. 109 polymorphonuclear leukocytes per kilogram) were given daily until the absolute neutrophil count increased to more than 1,500/.mu.L. Only five infants, mostly those with necrotizing enterocolitis, required more than one transfusion. A circulating immature to total neutrophil ratio (I:T) .gtoreq. 0.80 was not predictive of an infant with a neutrophil storage pool .ltoreq. 7%, and neither an I:T < 0.80 nor a neutrophil storage pool > 7% were predictive of survival. Granulocyte transfusions did not improve survival when either comparing the whole group, those 17 infants with cultures positive for **bacteria** or **viruses**, the 19 infants with a circulating I:T .gtoreq. 0.80, or the nine infants with a neutrophil storage pool .ltoreq. 7%. We conclude that the efficacy of buffy coat transfusions remains questionable and recommend that additional studies be performed prior to routine clinical application.

L126 ANSWER 18 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI MICROANGIOPATHIC HEMOLYTIC ANEMIA AS A DIAGNOSTIC CLUE TO UNSUSPECTED MALIGNANCY IN A YOUNG GIRL.
SO INDIAN J CANCER 22 (3). 1985 (RECD. 1986). 233-238. CODEN: IJCAAR ISSN: 0019-509X
AB Micro angiopathic haemolytic anaemia with features of chronic disseminated intravascular coagulation is described in a young girl. Sternal body **marrow aspiration** revealed metastatic malignant cells whose primary site could not be identified from their morphology or by radiological, **ultrasound**, CAT scan or isotope scans of various organs. The literature on Microangiopathic Haemolytic Anaemia (MAHA) in association with malignant growth is reviewed which shows the relative rarity of this association, especially MAHA as the sole presenting feature of an occult malignancy.

L126 ANSWER 19 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI THE DIAGNOSIS AND STAGING OF NEURO BLASTOMA.
SO CLIN RADIOL 34 (5). 1983. 523-527. CODEN: CLRAAG ISSN: 0009-9260
AB Cases [45] of neuroblastoma [in children] were reviewed to assess the value of current diagnostic methods. Urinary catecholamine and 3-methoxy-4-hydroxymandelic acid levels were elevated in only 48 and 60% of cases, respectively. All abdominal or pelvic tumor masses were detected by i.v. urography, **ultrasound** or computed tomography (CT): CT was the best single investigation but the 2 less expensive techniques detected most of the tumors. Trephine biopsy was more successful than **aspiration** in detecting **bone marrow** metastases. Liver scintigraphy was positive in 6 of 7 cases with hepatic secondaries.

L126 ANSWER 20 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS

TI DIAGNOSTIC PROCEDURES FOR EVALUATION OF SARCOMAS OF SOFT TISSUE AND **BONE** IN CHILDHOOD.
SO GREGORIC, F. I. (ED.). NATIONAL CANCER INSTITUTE MONOGRAPHS, NO. 56. SARCOMAS OF SOFT TISSUE AND BONE IN CHILDHOOD; SYMPOSIUM, ORLANDO, FLA., USA, JAN. 25-27, 1979. XI+314P. US DEPARTMENT OF HEALTH AND HUMAN SERVICES, NATIONAL CANCER INSTITUTE, BETHESDA, MD., USA (AVAILABLE AS NIH PUBLICATION NO. 81-2162 FROM SUP. OF DOC., US GOV. PRINTING OFF., WASHINGTON, D.C.). ILLUS. 0 (0). 1981. P3-8. CODEN: NCIMAV ISSN: 0083-1921

L126 ANSWER 21 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI THE VASCULAR SYSTEM OF **BONE** MARROW.
SO SCANNING ELECTRON MICROSC 1980 (4). 1980 (RECD. 1981). 113-122. CODEN: SEMYBL ISSN: 0586-5581
AB The arterial and the **low pressure** system of the **bone** marrow can be demonstrated by micro-corrosion casts using resins of low viscosity in rats. Vascular **bone** specimens are obtained by injection of self-curing resin and through subsequent maceration. The 3-dimensional representation of the vascular pattern in **bone** marrow in the scanning electron microscope enriches the interpretation of morphology and function of the **low pressure** system. The nutrient arteries enter the medullary canal and then progress in a spiral form branching into the metaphysis. The arterioles arise from the smaller arteries and divide into smaller arterial capillaries which then drain into sinusoids which were conically enlarged. The 3-dimensional and often hexagonal arrangement of the vascular framework is very evident. Increasing in width, the **marrow** sinusoids **drain** into wider veins and lastly into the central venous canal. Apart from these medullary sinusoids, finely calibered thin-walled venous capillaries in a regularly anastomosing network can be found as an indication that the wide medullary sinusoids are to be considered as a functional state of active **bone** marrow.

L126 ANSWER 22 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI MARROW REGENERATION AFTER MECHANICAL DEPLETION.
SO BLOOD 48 (5). 1976 679-686. CODEN: BLOOAW ISSN: 0006-4971
AB The origin of marrow regeneration after mechanical depletion was reinvestigated in mouse chimeras. The results were compatible with the local origin of stem cells from remnants of incompletely **removed marrow**, but not with their origin from a common precursor of both **bone** and hemopoietic cell lines. In transplanted femurs depleted by a modified technique of in vivo **evacuation** of marrow, hemopoietic regeneration failed to occur. The presence of hemopoietic stem cells in the Haversian canals was excluded. The demonstration of ample hemopoiesis with minimal **bone** formation in nondepleted controls in which **bone** marrow initially became necrotic provided new evidence that osteogenesis was not a prerequisite of hemopoietic regeneration.

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L127 ANSWER 1 OF 14 BIOSIS COPYRIGHT 1997 BIOSIS
TI Efficacy and safety of intravenous midazolam and ketamine as sedation for therapeutic and diagnostic procedures in children.

L127 ANSWER 2 OF 14 BIOSIS COPYRIGHT 1997 BIOSIS
TI Ketamine-midazolam versus meperidine-midazolam for painful procedures in pediatric oncology patients.

L127 ANSWER 3 OF 14 BIOSIS COPYRIGHT 1997 BIOSIS
TI The Use of Oral Transmucosal Fentanyl citrate for Painful Procedures in Children.

L127 ANSWER 4 OF 14 BIOSIS COPYRIGHT 1997 BIOSIS
TI Secondary hypoplastic anemia in patients with familial amyloidotic polyneuropathy.

L127 ANSWER 5 OF 14 BIOSIS COPYRIGHT 1997 BIOSIS
TI MIDAZOLAM FOR CONSCIOUS SEDATION DURING PEDIATRIC ONCOLOGY PROCEDURES SAFETY AND RECOVERY PARAMETERS.

L127 ANSWER 6 OF 14 BIOSIS COPYRIGHT 1997 BIOSIS
TI **BONE** MARROW PEROXIDASES OF SPONTANEOUSLY HYPERTENSIVE RATS.

L127 ANSWER 7 OF 14 BIOSIS COPYRIGHT 1997 BIOSIS
TI EXTRACRANIAL DISSEMINATIONS.

L127 ANSWER 8 OF 14 BIOSIS COPYRIGHT 1997 BIOSIS
TI AN OBSERVATION SCALE FOR MEASURING CHILDREN'S DISTRESS DURING MEDICAL PROCEDURES.

L127 ANSWER 9 OF 14 BIOSIS COPYRIGHT 1997 BIOSIS
TI RAPID DETECTION OF VENOUS AIR EMBOLISM BY MASS SPECTROMETRY DURING **BONE** MARROW HARVESTING.

L127 ANSWER 10 OF 14 BIOSIS COPYRIGHT 1997 BIOSIS
TI A CASE OF REACTIVE HEMORRHAGIC THROMBOCYTOSIS ACCOMPANIED WITH A TRANSIENT CEREBRAL ISCHEMIC ATTACK REQUIREMENT OF CHALYBEAT TREATMENT.

L127 ANSWER 11 OF 14 BIOSIS COPYRIGHT 1997 BIOSIS
TI RADIO SENSITIVITY OF THE ORGANISM EXPOSED IN A MODIFIED GAS MEDIUM 4. COMPARATIVE STUDY OF THE EFFECT OF NORMAL **PRESSURE** OXYGEN BREATHING ON PROLIFERATIVE ACTIVITY OF HEMOPOIETIC TISSUES AND EPITHELIAL CELLS OF THE SMALL INTESTINE.

L127 ANSWER 12 OF 14 BIOSIS COPYRIGHT 1997 BIOSIS
TI THE EFFECT OF JOINT POSITION ON JUXTAARTICULAR **BONE** MARROW **PRESSURE** RELATION TO INTRA ARTICULAR **PRESSURE** AND JOINT EFFUSION AN EXPERIMENTAL STUDY ON HORSES.

L127 ANSWER 13 OF 14 BIOSIS COPYRIGHT 1997 BIOSIS
TI INHIBITION BY ARABINOSYL CYTOSINE OF DNA SYNTHESIS IN **BONE** MARROWS OF RELAPSED ACUTE MYELOGENOUS LEUKEMIA PATIENTS.

L127 ANSWER 14 OF 14 BIOSIS COPYRIGHT 1997 BIOSIS
TI POLY AMINE CONCENTRATIONS IN **BONE MARROW ASPIRATES** OF CHILDREN WITH LEUKEMIA AND OTHER MALIGNANCIES.

=> d l127 9 ti so ab

L127 ANSWER 9 OF 14 BIOSIS COPYRIGHT 1997 BIOSIS
TI RAPID DETECTION OF VENOUS AIR EMBOLISM BY MASS SPECTROMETRY DURING **BONE** MARROW HARVESTING.
SO EXP HEMATOL (N Y) 13 (7). 1985. 639-640. CODEN: EXHMA6 ISSN: 0301-472X
AB An episode of venous air embolism occurred in a 13-year-old girl undergoing **bone** marrow harvest for an autologous **bone** marrow transplant. The diagnosis was suspected with the sudden appearance of tachycardia and a new heart murmur during inadvertent application of positive **pressure** to **marrow aspiration** needles. Decreased carbon dioxide and increased nitrogen content of end-tidal expiratory gases was detected by continuous mass spectrometric monitoring. Cessation of faulty aspiration technique and application of positive end expiratory **pressure** with 100% oxygen prevented a potentially fatal complication. Venous air embolism may complicate **bone** marrow harvest. Mass spectrometric monitoring of end-tidal gases is useful for rapid, early detection of this complication.

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L129 ANSWER 1 OF 9 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI [**Resolutive** pancytopenia with effective treatment of hyperthyroidism].
PANCYTOPENIE **RESOLUTIVE** PAR LE TRAITEMENT D'UNE HYPERTHYROIDIE.
SO Presse Medicale, (1995) 24/17 (807-810).
ISSN: 0755-4982 CODEN: PRMEEM
AB Hyperthyroidism can be associated with various haematological disorders related to several mechanisms. These disorders might be

related to the reduced life-span of whole blood components and/or to an autoimmune mechanism. Only one case of pancytopenia has yet been reported. The observation of 3 new personal cases (1 toxic adenoma and 2 Graves' disease) led us to review the pathogeny of haematological disorders found in hyperthyroidism. Only one patient had antineutrophil autoantibodies. Direct and indirect Coomb's test, and Dixon's test were negative. In all patients, **bone marrow aspiration** was unable to demonstrate pernicious anaemia or myelodysplastic syndrome. Two patients presented cytological signs of macrophage activation with eosinophilia. These cytological features were compatible with an immuno-allergy mechanism. All haematological disorders disappeared when patients became euthyroid. In all cases, the haematological abnormalities were quite mild and might have gone unnoticed. Thus, it can be suggested that the frequency of pancytopenia in hyperthyroidism is underestimated.

L129 ANSWER 2 OF 9 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Primary meningeal extraosseous Ewing's sarcoma: Case report.
SO NEUROSURGERY, (1994) 35/1 (143-147).
ISSN: 0148-396X CODEN: NRSRDY
AB A 25-YEAR-OLD man presented with a suspected right-sided subdural hematoma after a skiing accident. A large hemorrhagic mass was found and was **evacuated**. Histological studies demonstrated a highly cellular neoplasm with extensive hemorrhage. Further histological, immunohistochemical (including staining for Ewing's sarcoma cell surface antigen), and ultrastructural analyses of the tumor were consistent with Ewing's sarcoma. Search for other foci of this neoplasm by **bone** scan, full body computed tomographic scans, magnetic resonance imaging scans of the spine, and a **bone marrow aspiration** with biopsy failed to detect any soft tissue or bony involvement outside the cranium. This case appears to represent the first report of a primary extraosseous Ewing's sarcoma occupying the cranial subdural area.

L129 ANSWER 3 OF 9 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Recent studies of **bone** appetite in cattle.
SO ACTA PHYSIOL. SCAND. SUPPL., (1989) 136/583 (53-58).
ISSN: 0302-2994 CODEN: APSSAD
AB Cows depleted of phosphorus by loss of saliva from a parotid fistula and low dietary phosphate developed an avid appetite for **bones**. The behaviour is innate and predominantly cued by olfactory stimuli. Meat, blood or fat were not attractive and **bones** became more attractive after aging for 1.5-2.0 years. The appetite was also shown for guano-derived rock phosphate and bird excreta. There was no interest in inorganic calcium and phosphate salts or ashed **bone**. The attractant is therefore an organic constituent of aging **bone** and was found to be at highest concentration in the marrow fraction. Water, ether and **vacuum** distillation **extracts** of old **bone**

or **marrow**, added to unattractive materials e.g., ashed **bone**, rendered them attractive. The residues of such extraction were of diminished interest. The attractiveness of the fractionated extracts was highest in the neutral fraction. The **bone** appetite was abolished by increasing the phosphate concentration in plasma but not in cerebrospinal fluid. The phosphate concentration in the blood appears, therefore, to regulate the **bone** appetite. The sensors could be in brain regions without a blood-brain barrier. Chronic severe phosphorus deficiency was associated with **bone** resorption, reduced osteoblastic and hemopoietic activities, and abnormal blood progesterone cycles.

L129 ANSWER 4 OF 9 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Aplastic anemia secondary to glue sniffing. Report of 2 cases.
SO J. FORMOSAN MED. ASSOC., (1985) 84/5 (625-629).
CODEN: TIHHAH
AB One hundred and 51 cases of aplastic anemia were confirmed by peripheral cytopenia, **bone marrow** biopsy and **aspiration**. Most of the cases were idiopathic; only 2 cases were thought to be related with glue sniffing. Case I: A 23 year-old male, had begun the practice of glue sniffing (plastic cement) about 3 times a week in average between age 17 and 20. Each session lasted about 10 to 30 minutes with a dosage of 1-2 tubes (25-50 gm). He developed illness 2 years after withdrawal of sniffing. Bone marrow biopsy revealed severe hypoplasia. The peripheral blood picture of severe pancytopenia turned to moderate in degree 1 year after supportive care. He was in relatively good health and 9 months after onset of his illness. Case II: A 21 year-old male, also had begun the practice of glue sniffing almost every day between age 19 and 20. Each session lasted about 10-40 minutes with a dosage of 1-3 tubes (25-75 gm). He developed illness around 1 year after abstinence from it. The bone marrow biopsy also revealed severe hypoplasia. His clinical condition did not improve after the treatment with methyltestosterone and prednisolone. He expired due to septic shock 41/2 months later. The main compositions of glue were polychloroprene rubber, phenol resin, inorganic materials and toluene with addition of 0.3% of mustard oil. The most probable offending chemical causing aplastic anemia was toluene.

L129 ANSWER 5 OF 9 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI A case of miliary tuberculosis showing acute respiratory failure during pregnancy.
SO TUBERCULOSIS (TOKYO), (1982) 57/10 (531-535).
CODEN: KEKKAG
AB A case of miliary tuberculosis with acute respiratory failure during pregnancy is reported. A 26-year-old, eight months pregnant woman, was admitted to our hospital with a nonproductive cough and fever. On admission, she was severely ill with dyspnea at rest, her temperature was 38.7.degree.C, pulse 132/min, respiratory rate 66/min and blood **pressure** 124/84 mmHg. Examination revealed basilar rates on both sides and an enlarged uterus

consistent with an eight-month-pregnancy. A chest X-ray showed a diffuse miliary infiltrate scattered throughout whole lung, especially in both lower lung fields, with a partially confluent pattern. Laboratory examination revealed accelerated ESR, positive CRP, and increased .alpha.2-globulin. The PPD skin test was negative. Arterial blood gas level of the patient breathing room air was as follows: PaO2 48.5 TORR, P2CO2 29.3 TORR, pH 7.42. Initial smears of sputum for acid fast **bacilli** were negative. An ophthalmoscopic examination disclosed the presence of choroidal tubercles, and a **bone marrow aspiration** showed giant celled caseating granuloma, which was of great value in establishing diagnosis of miliary tuberculosis. Intensive therapy with anti-tuberculosis drugs (isoniazid 400 mg, rifampicin 750 mg, and streptomycin 1 g daily) was started and supplemented with the use of diuretics, aminophilline, digitalis, and O2. Corticosteroids were administered, which appeared to be effective in reducing systemic toxicity and faster roentgenographic resolution. Recovery from hypoxemia steadily continued. The patient gave birth on June 23 and the baby had no signs of tuberculosis. This case report emphasizes the fact that miliary tuberculosis may present an acute respiratory failure symptom which may respond rapidly to a treatment with early and intensive use of anti-tuberculosis drugs and, in some case, corticosteroids.

L129 ANSWER 6 OF 9 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI The vascular system of **bone** marrow.
SO SCANNING ELECTRON MICROSC., (1980) 1980/4 (113-122).
CODEN: SEMYBL
AB Not only the arterial, but also the **low pressure** system of the **bone** marrow can be demonstrated by micro-corrosion casts using resins of low viscosity. Vascular-**bone** specimen are obtained by injection of self-curing resin and through subsequent maceration. The three-dimensional representation of the vascular pattern in **bone** marrow in the scanning electron microscope (SEM) enriches the interpretation of morphology and function of the **low pressure** system. The nutrient arteries enter the medullary canal and then progress in a spiral from branching into the metaphysis. The arterioles arise from the smaller arteries, further divide into smaller arterial capillaries which then drain into sinusoids which were conically enlarged. The three-dimensional and often hexagonal arrangement of the vascular framework is very evident. Increasing in width the **marrow** sinusoids **drain** into wider veins and lastly into the central venous canal. Apart from these medullary sinusoids, finely calibered thin-walled venous capillaries in a regularly anastomosing network can be found as an indication that the wide medullary sinusoids are to be considered as a functional state of active **bone** marrow.

L129 ANSWER 7 OF 9 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Marrow regeneration after mechanical depletion.

SO BLOOD, (1976) 48/5 (679-686).
CODEN: BLOOAW

AB The origin of marrow regeneration after mechanical depletion was reinvestigated in mouse chimeras. The results were compatible with the local origin of stem cells from remnants of incompletely **removed marrow**, but not with their origin from a common precursor of both **bone** and hemopoietic cell lines. In transplanted femurs depleted by a modified technique of in vivo **evacuation** of marrow, hemopoietic regeneration failed to occur. The presence of hemopoietic stem cells in the Haversian canals was thus excluded. The demonstration of ample hemopoiesis with minimal **bone** formation in nondepleted controls in which **bone** marrow initially became necrotic provided new evidence that osteogenesis was not a prerequisite of hemopoietic regeneration.

L129 ANSWER 8 OF 9 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.

TI Effect of cytostatic drugs on the kinetics of leukemic blast cells in man.

SO SCHWEIZ.MED.WSCHR., (1974) 104/8 (278-284).
CODEN: SMWOAS

AB This study was carried out by **aspirating bone marrow** samples before and after administration of the drug. Bone marrow specimens were studied by means of labeling with tritiated thymidine, determination of mitotic index, and ultramicrospectrophotometry of single cell DNA content. Often, these techniques were combined. From a cytokinetical point of view, the drugs studied can be subdivided into two main categories: drugs which apparently do not affect cells which are not in cell cycle, and drugs which affect cells in cell cycle but also have an effect on quiescent leukemic cells. Methotrexate, cytosine arabinoside, and vincristine belong to the first category. Methotrexate effectively stops the **flux** of cells through DNA synthesis but does not interfere with the transition from G1 stage to S stage, neither does it affect cells in G2 or mitosis. Cytosine arabinoside has a similar effect and slows down the progression of cells through DNA synthesis without causing an arrest as strong as that caused by methotrexate. However, the effect of drugs on the progression of cells through the cell cycle may be dose dependent. Vincristine is a metaphase arresting agent. It does not appear to influence the progression of cells through G1, S, and G2. Drugs of the second category are prednisone (in lymphoid cells), L asparaginase (in lymphoid cells), and daunomycine. The conclusion that these drugs also affect quiescent cells is based on the fact that a very quick and dramatic reduction in total tumor cell mass may take place after their application. Such rapid disappearance of neoplastic cells could not be explained from cell cycle effects alone. In addition, these drugs have cell cycle specific effects. Prednisone blocks the transition from G1 into S but does not interfere with the passage of cells through S, G2, and mitosis. L asparaginase slows down the passage of cells through DNA synthesis but apparently does not influence

transition from G1 into S. Daunomycine apparently inhibits DNA synthesis and blocks cells in G2. Possibly, the G2 block alone is sufficient to explain the observed cytokinetic alterations after daunomycine.

L129 ANSWER 9 OF 9 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Drug induced aplastic anemia.
SO SEMIN.HEMAT., (1973) 10/3 (195-223).
CODEN: SEHEA3
AB Experiences with 101 patients with aplastic anemia are reviewed with particular reference to diagnostic criteria, course, prognostic factors, treatment, and outcome. Aplastic anemia has been defined as that disease associated with pancytopenia, and a hypocellular bone marrow biopsy at some time in the course of the illness. Pancytopenia has been defined as a volume of packed red cells of less than 38 ml/100 ml, a total neutrophil count (polymorphonuclear plus bands and metamyelocytes) of less than 1800/cu mm, and a platelet count of less than 140,000/cu mm. Pancytopenia was observed in 83% of the patients on the initial examination, but, in all patients, later in the course of the illness. Leukopenia, monocytopenia, reticulocytopenia, and lymphopenia were observed, either initially or during the course of the illness, less frequently than anemia, neutropenia, and thrombocytopenia and were, therefore, of less diagnostic value. Generalized adenopathy and hepatomegaly were not features of the disease. Splenomegaly, up to but not more than 2 cm below the costal margin, was present in only 10% of the patients at the time of the initial examination. The disease was clearly drug induced in 51 patients, possibly drug induced in 19 patients, associated with **solvents** in 10, insecticides in 7, and of undetermined etiology in only 14. The onset of the disease was defined as the time of appearance of the first clinical manifestation. Bleeding, either alone or in combination with symptoms of anemia or infection, was the first sign of disease in 61 patients. The first clinical manifestation was related to anemia in 27 patients, and to infection in only five. The course of the aplastic anemia was the most variable feature of the disease, ranging from a fulminant course terminating in a few weeks to a chronic indolent course extending over as many as 15 yr. The course and outcome of the disease were determined primarily by the severity of the initial insult to the bone marrow as measured by the percentage of nonmyeloid cells in the initial **bone marrow aspirate**, the corrected reticulocyte count, and the total neutrophil count. These factors were of greater importance in determining the outcome of the disease than was the type of treatment employed. The studies failed to provide evidence that splenectomy, corticosteroid, or androgenic steroid therapy modified either the course or outcome of the disease.

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L130 ANSWER 1 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI [Mycobacterium avium complex infection: A growing problem in our environment].
INFECCION POR MYCOBACTERIUM AVIUM COMPLEX: UN PROBLEMA CRECIENTE EN NUESTRO ENTORNO.

L130 ANSWER 2 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Primary hepatic non-Hodgkin's lymphoma in children: A case report and review of the literature.

L130 ANSWER 3 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Primary extramedullary plasmacytoma of the liver.

L130 ANSWER 4 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Prospective evaluation of fever of unknown origin in patients infected with the human immunodeficiency **virus**.

L130 ANSWER 5 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI PCR enzyme-linked immunosorbent assay for diagnosis of leishmaniasis in human immunodeficiency **virus**-infected patients.

L130 ANSWER 6 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI [Disseminated infection by Mycobacterium genavense in patients with HIV infection. Description of 5 cases and review of the literature].
INFECCION DISEMINADA POR MYCOBACTERIUM GENAVENSE EN PACIENTES CON INFECCION POR HIV. DESCRIPCION DE 5 CASOS Y REVISION DE LA LITERATURA.

L130 ANSWER 7 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Acute renal failure with hyperuricemia as initial presentation of leukemia in children.

L130 ANSWER 8 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI First case of disseminated Mycobacterium avium infection following chemotherapy for childhood acute myeloid leukemia.

L130 ANSWER 9 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Hematologic and growth-related effects of frequent prenatal **ultrasound** exposure in the long-tailed macaque (Macaca fascicularis).

L130 ANSWER 10 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Sensitive detection of numerical and structural aberrations of chromosome 1 in neuroblastoma by interphase fluorescence in situ

hybridization. Comparison with restriction fragment length polymorphism and conventional cytogenetic analyses.

L130 ANSWER 11 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Fever of uncertain origin in patients infected with the human immunodeficiency **virus**.

L130 ANSWER 12 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Disseminated histoplasmosis: A cause of infection-associated hemophagocytic syndrome.

L130 ANSWER 13 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Isolation of Mycobacterium avium complex from **bone marrow aspirates** of AIDS patients in Brazil.

L130 ANSWER 14 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Evaluation of the bioeffects of prenatal **ultrasound** exposure in the cynomolgus macaque (Macaca fascicularis): III. Developmental and hematologic studies.

L130 ANSWER 15 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Refractile mycobacteria in Romanowsky-stained bone marrow smears: A comparison of acid-fast-stained tissue sections and Romanowsky-stained smears.

L130 ANSWER 16 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Hematogenous dissemination of Mycobacterium tuberculosis in patients with AIDS.

L130 ANSWER 17 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Mycobacteremia in acquired immune deficiency syndrome. Rapid diagnosis based on inclusions in the peripheral blood smear.

L130 ANSWER 18 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Prognostic significance of carcinoma cells in **bone** marrow of breast cancer patients.

L130 ANSWER 19 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Atypical mycobacterial infection of the gastrointestinal tract in AIDS patients.

L130 ANSWER 20 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI The diagnostic utility of **bone marrow aspiration** and biopsy in patients with acquired immunodeficiency syndrome.

L130 ANSWER 21 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Bone marrow in HIV infection. A comparison of fluorescent staining and cultures in the detection of mycobacteria.

L130 ANSWER 22 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.

TI Disseminated Mycobacterium avium-intracellulare infection and red cell hypoplasia in patients with the acquired immune deficiency syndrome.

L130 ANSWER 23 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Buffy coat transfusions in neutropenic neonates with presumed sepsis: A prospective, randomized trial.

L130 ANSWER 24 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Staging of small cell lung cancer.

L130 ANSWER 25 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Opportunistic infection complicating acquired immune deficiency syndrome. Clinical features of 25 cases.

L130 ANSWER 26 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI The diagnosis and staging of neuroblastoma.

L130 ANSWER 27 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Gaucher's disease: A typical adult case presentation.

L130 ANSWER 28 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI [Refractory anemia in the elderly].
ANEMIE REFRACTAIRE CHEZ LE SUJET AGE.

L130 ANSWER 29 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI In vitro transformation of cells from human neoplasms.

L130 ANSWER 30 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Clinical disposition of 5 fluorouracil administered by rapid injection, oral ingestion, and slow infusion.

L130 ANSWER 31 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Demonstration that transcobalamin I (TC I) is released by normal granulocyte precursors.

L130 ANSWER 32 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Studies on derivation of transcobalamin III from granulocytes. Enhancement by lithium and elimination by fluoride of in vitro increments in vitamin B12 binding capacity.

=> d l130 13,20 ti so ab

L130 ANSWER 13 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Isolation of Mycobacterium avium complex from **bone marrow aspirates** of AIDS patients in Brazil.
SO J. INFECT. DIS., (1993) 168/3 (777-779).
ISSN: 0022-1899 CODEN: JIDIAQ
AB Mycobacterium avium complex (MAC) infection has not been reported as a major opportunistic infection among patients with AIDS in Latin America or Africa. In this study, 125 AIDS patients who had

persistent fever, anemia, and leukopenia were examined among 2628 AIDS patients admitted to Instituto de Infectologia Emilio Ribas between May 1990 and April 1992. From the **bone marrow aspirates** of the 125 patients, MAC was isolated from 23 (18.4%) and Mycobacterium tuberculosis was isolated from 9 (7.2%). Between 1985 and 1990, only 11 MAC isolations among 60,000 cultures obtained from human immunodeficiency **virus** -seronegative patients were documented in Sao Paulo. Hence, the minimal estimated rate of MAC infection in AIDS patients in this city was 23/2628, or 0.88%. These findings suggest that MAC infection is an important opportunistic infection, especially among a subset of patients with AIDS in Brazil who have clinical characteristics and risk activities similar to those associated with MAC infections in North America and Europe.

L130 ANSWER 20 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI The diagnostic utility of **bone marrow aspiration** and biopsy in patients with acquired immunodeficiency syndrome.
SO J. NATL MED. ASSOC., (1989) 81/2 (119-125).
ISSN: 0027-9684 CODEN: JNMAAE

=> d l131 1- ti

L131 ANSWER 1 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Efficacy and safety of intravenous midazolam and ketamine as sedation for therapeutic and diagnostic procedures in children.

L131 ANSWER 2 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Practical problems and the efficacy of intraosseous infusion: Solving the problems by employing an animal model.

L131 ANSWER 3 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI The use of oral transmucosal fentanyl citrate for painful procedures in children.

L131 ANSWER 4 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Secondary hypoplastic anemia in patients with familial amyloidotic polyneuropathy.

L131 ANSWER 5 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Use of intravenous midazolam for sedation in children undergoing ward procedures.

L131 ANSWER 6 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Midazolam for conscious sedation during pediatric oncology procedures: Safety and recovery parameters.

L131 ANSWER 7 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Anesthetic management of marrow harvesting from a 7-week-old premature baby.

L131 ANSWER 8 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Extracranial disseminations.

L131 ANSWER 9 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI **Bone** marrow peroxidases of spontaneously hypertensive rats.

L131 ANSWER 10 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI An observation scale for measuring children's distress during medical procedures.

L131 ANSWER 11 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Rapid detection of venous air embolism by mass spectrometry during **bone** marrow harvesting.

L131 ANSWER 12 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Purification and biochemical characterisation of a CFU-S proliferation inhibitor: Preliminary results.

L131 ANSWER 13 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Radiosensitivity of the organism exposed in a modified gas medium. IV. Comparative study of the effect of normal **pressure** oxygen breathing on proliferative activity of haemopoietic tissues and epithelial cells of the small intestine.

L131 ANSWER 14 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI The effect of joint position on juxta-articular **bone** marrow **pressure**. Relation to intra-articular **pressure** and joint effusion. An experimental study on horses.

L131 ANSWER 15 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Inhibition by arabinosylcytosine of DNA synthesis in **bone** marrows of relapsed AML patients.

L131 ANSWER 16 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Polyamine concentrations in **bone marrow aspirates** of children with leukemia and other malignancies.

L131 ANSWER 17 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Identification of 6 methylmercaptopurine ribonucleoside 5' diphosphate and 5' triphosphate as metabolites of 6 mercaptopurine in man.

=> d l131 2,7,16 ti so ab

L131 ANSWER 2 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Practical problems and the efficacy of intraosseous infusion: Solving the problems by employing an animal model.
SO Medical Journal of the Islamic Republic of Iran, (1996) 10/3

(229-232).
Refs: 14
ISSN: 1016-1430 CODEN: MJIIER
AB In critically ill infants and children, intravascular (IV) access is sometimes very difficult. In such cases intraosseous (IO) infusion should be used as the method of choice. However, in practice, different problems are experienced with this procedure. To overcome the practical problems and to confirm the efficacy of IO infusion in reversing hypovolemic shock, an animal model was used by employing three rabbits. In rabbit I, after insertion of a 14-gauge **bone marrow aspiration** needle in the proximal tibia, the flow rate of normal saline was very slow by gravity, but **pressure** infusion devices including manual pushing with a syringe, blood **pressure** cuffs, or infusion pumps all increased the flow rate remarkably. In rabbit II, the circulation time of a dye given by IO route was very short; therefore drugs are expected to appear in the systemic circulation shortly after IO injection. In rabbit III, hypovolemic shock was induced by withdrawing blood and then, rapidly and successfully treated by IO infusion of normal saline.

L131 ANSWER 7 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Anesthetic management of marrow harvesting from a 7-week-old premature baby.
SO BONE MARROW TRANSPLANT., (1990) 6/6 (443-444).
ISSN: 0268-3369 CODEN: BMTRE
AB **Bone** marrow was harvested from a 3.95 kg premature 7-week-old female baby for donation to a 13 kg HLA-identical sister with severe aplastic anemia. Two hundred ml of donor **bone marrow** were **aspirated**, containing a calculated dose of 3 x 108/kg nucleated **bone** marrow cells for the recipient. This was equivalent to two-thirds of the donor's calculated blood volume (320 ml). Peri-operative care included invasive monitoring of intravascular **pressures**, arterial blood gas analysis, careful temperature control and the infusion of 150 ml of packed red cells, 150 ml of colloid and 50 ml of crystalloid. Rapid engraftment occurred. There were no complications and both donor and recipient are healthy 12 months later.

L131 ANSWER 16 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Polyamine concentrations in **bone marrow aspirates** of children with leukemia and other malignancies.
SO BLOOD, (1976) 47/4 (695-701).
CODEN: BLOOAW
AB High **pressure** liquid chromatography analysis of polyamines in **bone** marrow from leukemic and nonleukemic subjects demonstrated increased concentrations of putrescine, spermidine, and spermine associated with increased cellularity. The most striking abnormality was the marked elevation of putrescine. **Bone** marrow polyamine analysis may be an adjunct for evaluation of leukemia patients.

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     FILE 'EMBASE' ENTERED AT 12:58:59 ON 30 JUN 1997

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L149           5 FILE WPIDS
L150         434 FILE BIOSIS
L151         402 FILE EMBASE
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L152         841 S HARVEST?(2A)L1
L153           0 FILE WPIDS
L154           0 FILE BIOSIS
L155           0 FILE EMBASE
     TOTAL FOR ALL FILES
L156           0 S L152 AND L25
L157           0 FILE WPIDS
L158           0 FILE BIOSIS
L159           0 FILE EMBASE
     TOTAL FOR ALL FILES
L160           0 S L152 AND L75
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=> display history full l1-

     (FILE 'HOME' ENTERED AT 10:43:33 ON 30 JUN 1997)

     FILE 'LCA' ENTERED AT 10:44:00 ON 30 JUN 1997
L1           90 SEA BONEMARROW? OR BONE?(2A)MARROW? OR MARROW?
L2            0 SEA L1(3A)(REMOV? OR DETACH? OR WITHDRAW? OR EXTRACT? OR
                EXT# OR EXTRICAT? OR EXCIS? OR EJECT? OR UNFASTEN? OR DIS
                CONNECT? OR DISENGAG? OR STRIP OR STRIPS OR STRIPPED OR S
                TRIPPING# OR FLUSH? OR IRRIGAT? OR PURG? OR CLEANS? OR CL
                EAN? OR RINS? OR WASH? OR EXTIRPAT?)
L3            0 SEA L1(3A)(ENUCLEA? OR EXCAVAT? OR DREDG? OR DERACINAT? O
                R ASPIRAT? OR SUCTION? OR (DRAW? OR SIPHON? OR SUCK?)(2W)
                (OFF OR OUT) OR DRAIN?)
L4            0 SEA (L2 OR L3) AND BONE?
L5         2157 SEA PRESS OR PRESSUR?

     FILE 'WPIDS, BIOSIS, EMBASE' ENTERED AT 10:52:39 ON 30 JUN 1997
L6          194 SEA (L2 OR L3) AND BONE?
L7         2906 SEA (L2 OR L3) AND BONE?
L8         3088 SEA (L2 OR L3) AND BONE?
     TOTAL FOR ALL FILES
L9         6188 SEA L4
L10      244989 SEA VACUUM? OR VACUO# OR INVACUO# OR EVACUAT? OR SUCTION?
                 OR ASPIRAT?
L11       40444 SEA VACUUM? OR VACUO# OR INVACUO# OR EVACUAT? OR SUCTION?
                 OR ASPIRAT?
L12       43251 SEA VACUUM? OR VACUO# OR INVACUO# OR EVACUAT? OR SUCTION?
                 OR ASPIRAT?
     TOTAL FOR ALL FILES
L13      328684 SEA VACUUM? OR VACUO# OR INVACUO# OR EVACUAT? OR SUCTION?
                 OR ASPIRAT?
L14       59300 SEA BACTER? OR BACILL?
L15      374942 SEA BACTER? OR BACILL?
L16      451038 SEA BACTER? OR BACILL?
     TOTAL FOR ALL FILES
L17      885280 SEA BACTER? OR BACILL?
L18       19627 SEA VIRUS? OR VIRAL? OR VIRIC?
L19      379698 SEA VIRUS? OR VIRAL? OR VIRIC?
L20      290034 SEA VIRUS? OR VIRAL? OR VIRIC?
     TOTAL FOR ALL FILES
L21      689359 SEA VIRUS? OR VIRAL? OR VIRIC?
L22       50444 SEA SONIC? OR ULTRASONIC? OR ULTRASOUND? OR ULTRA(2W)SOUN
                 D?
L23       60443 SEA SONIC? OR ULTRASONIC? OR ULTRASOUND? OR ULTRA(2W)SOUN
                 D?
L24       60645 SEA SONIC? OR ULTRASONIC? OR ULTRASOUND? OR ULTRA(2W)SOUN
                 D?
     TOTAL FOR ALL FILES
L25      171532 SEA SONIC? OR ULTRASONIC? OR ULTRASOUND? OR ULTRA(2W) SOU
                 ND?
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     FILE 'LCA' ENTERED AT 11:00:13 ON 30 JUN 1997
L26         2059 SEA SOLVENT? OR RESOLVENT? OR RESOLUTIV? OR DILUENT? OR E
                 LUENT? OR FLUX?
L27  DEL       0 FILE EMBASE

     FILE 'WPIDS, BIOSIS, EMBASE' ENTERED AT 11:02:42 ON 30 JUN 1997
L27           53 SEA L6 AND (L5 OR L10)
L28         1631 SEA L7 AND (L5 OR L11)
L29         1752 SEA L8 AND (L5 OR L12)
     TOTAL FOR ALL FILES
L30         3436 SEA L9 AND (L5 OR L13)
L31            0 SEA L27 AND L22
L32            8 SEA L28 AND L23
L33           14 SEA L29 AND L24
     TOTAL FOR ALL FILES
L34           22 SEA L30 AND L25
L35            3 SEA L27 AND (L14 OR L18)
L36          109 SEA L28 AND (L15 OR L19)
L37          162 SEA L29 AND (L16 OR L20)
     TOTAL FOR ALL FILES
L38          274 SEA L30 AND (L17 OR L21)
L39            1 SEA L35 AND L26
L40            0 SEA L36 AND L26
L41            0 SEA L37 AND L26
     TOTAL FOR ALL FILES
L42            1 SEA L38 AND L26
L43            3 SEA L35 AND L10
L44          109 SEA L36 AND L11
L45          162 SEA L37 AND L12
     TOTAL FOR ALL FILES
L46          274 SEA L38 AND L13
L47            0 SEA L35 AND L5
L48            1 SEA L36 AND L5
L49            1 SEA L37 AND L5
     TOTAL FOR ALL FILES
L50            2 SEA L38 AND L5

     FILE 'LCA' ENTERED AT 11:09:06 ON 30 JUN 1997
L51            0 SEA L1(3A)(REMOV? OR WITHDRAW? OR EXTRACT? OR EXT# OR EXT
                 RICAT? OR STRIP OR STRIPS OR STRIPPED OR STRIPPING# OR EX
                 TIRPAT?)
L52            0 SEA L1(3A)(FLUSH? OR IRRIGAT? OR PURG? OR CLEANS? OR CLEA
                 N? OR RINS? OR WASH?)
L53            0 SEA L1(3A)(ENUCLEA? OR EXCAVAT? OR DREDG? OR DERACINAT? O
                 R ASPIRAT? OR SUCTION? OR (DRAW? OR SIPHON? OR SUCK?)(2W)
                 (OFF OR OUT) OR DRAIN?)
L54            0 SEA (L51 OR L53) AND BONE?
L55            0 SEA L52 AND BONE?

     FILE 'WPIDS, BIOSIS, EMBASE' ENTERED AT 11:20:23 ON 30 JUN 1997
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L56          156 SEA (L51 OR L53) AND BONE?
L57         2073 SEA (L51 OR L53) AND BONE?
L58         2121 SEA (L51 OR L53) AND BONE?
     TOTAL FOR ALL FILES
L59         4350 SEA L54
L60           44 SEA L52 AND BONE?
L61          837 SEA L52 AND BONE?
L62          986 SEA L52 AND BONE?
     TOTAL FOR ALL FILES
L63         1867 SEA L55
L64           51 SEA L56 AND (L10 OR L5)
L65         1630 SEA L57 AND (L11 OR L5)
L66         1748 SEA L58 AND (L12 OR L5)
     TOTAL FOR ALL FILES
L67         3429 SEA L59 AND (L13 OR L5)
L68           48 SEA L56 AND L10
L69         1626 SEA L57 AND L11
L70         1742 SEA L58 AND L12
     TOTAL FOR ALL FILES
L71         3416 SEA L59 AND L13
L72       270622 SEA VACUUM? OR VACUO# OR INVACUO# OR EVACUAT? OR (LOW OR
                 LOWER? OR DECREAS? OR DIMINISH? OR REDUC? OR REDN#)(2A)(P
                 RESS OR PRESSUR?)
L73        45757 SEA VACUUM? OR VACUO# OR INVACUO# OR EVACUAT? OR (LOW OR
                 LOWER? OR DECREAS? OR DIMINISH? OR REDUC? OR REDN#)(2A)(P
                 RESS OR PRESSUR?)
L74        49202 SEA VACUUM? OR VACUO# OR INVACUO# OR EVACUAT? OR (LOW OR
                 LOWER? OR DECREAS? OR DIMINISH? OR REDUC? OR REDN#)(2A)(P
                 RESS OR PRESSUR?)
     TOTAL FOR ALL FILES
L75       365581 SEA VACUUM? OR VACUO# OR INVACUO# OR EVACUAT? OR (LOW OR
                 LOWER? OR DECREAS? OR DIMINISH? OR REDUC? OR REDN#)(2A)(P
                 RESS OR PRESSUR?)
L76           14 SEA L64 AND L72
L77            3 SEA L65 AND L73
L78            4 SEA L66 AND L74
     TOTAL FOR ALL FILES
L79           21 SEA L67 AND L75
L80            1 SEA L60 AND L72
L81            0 SEA L61 AND L73
L82            0 SEA L62 AND L74
     TOTAL FOR ALL FILES
L83            1 SEA L63 AND L75
L84            0 SEA L64 AND L22
L85            8 SEA L65 AND L23
L86           14 SEA L66 AND L24
     TOTAL FOR ALL FILES
L87           22 SEA L67 AND L25
L88            0 SEA L60 AND L22
L89            0 SEA L61 AND L23
L90            0 SEA L62 AND L24
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     TOTAL FOR ALL FILES
L91            0 SEA L63 AND L25
L92           22 SEA L6 AND (L5 OR L72)
L93           18 SEA L7 AND (L5 OR L73)
L94           22 SEA L8 AND (L5 OR L74)
     TOTAL FOR ALL FILES
L95           62 SEA L9 AND (L5 OR L75)
L96            2 SEA L92 AND (L14 OR L18)
L97            1 SEA L93 AND (L15 OR L19)
L98            1 SEA L94 AND (L16 OR L20)
     TOTAL FOR ALL FILES
L99            4 SEA L95 AND (L17 OR L21)
L100           0 SEA L92 AND L22
L101           0 SEA L93 AND L23
L102           0 SEA L94 AND L24
     TOTAL FOR ALL FILES
L103           0 SEA L95 AND L25
L104           1 SEA L92 AND L26
L105           0 SEA L93 AND L26
L106           0 SEA L94 AND L26
     TOTAL FOR ALL FILES
L107           1 SEA L95 AND L26
L108          38 SEA L1(3A)(ASPIRAT? OR SUCTION? OR (DRAW? OR SIPHON? OR S
                 UCK?)(2W)(OFF OR OUT) OR DRAIN?)
L109        1704 SEA L1(3A)(ASPIRAT? OR SUCTION? OR (DRAW? OR SIPHON? OR S
                 UCK?)(2W)(OFF OR OUT) OR DRAIN?)
L110        1796 SEA L1(3A)(ASPIRAT? OR SUCTION? OR (DRAW? OR SIPHON? OR S
                 UCK?)(2W)(OFF OR OUT) OR DRAIN?)
     TOTAL FOR ALL FILES
L111        3538 SEA L1(3A)(ASPIRAT? OR SUCTION? OR (DRAW? OR SIPHON? OR S
                 UCK?)(2W)(OFF OR OUT) OR DRAIN?)
L112           0 SEA L108 AND L22
L113           9 SEA L109 AND L23
L114          14 SEA L110 AND L24
     TOTAL FOR ALL FILES
L115          23 SEA L111 AND L25
L116           0 SEA L108 AND (L14 AND L18)
L117           8 SEA L109 AND (L15 AND L19)
L118          18 SEA L110 AND (L16 AND L20)
     TOTAL FOR ALL FILES
L119          26 SEA L111 AND (L17 AND L21)
L120           1 SEA L108 AND L26
L121           1 SEA L109 AND L26
L122           4 SEA L110 AND L26
     TOTAL FOR ALL FILES
L123           6 SEA L111 AND L26

     FILE 'WPIDS' ENTERED AT 11:47:49 ON 30 JUN 1997
L124          17 SEA L35 OR L39 OR L76 OR L80 OR L96 OR L104 OR L120
L125           7 SEA L92 NOT L124
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     FILE 'BIOSIS' ENTERED AT 11:48:49 ON 30 JUN 1997

     FILE 'BIOSIS' ENTERED AT 11:51:08 ON 30 JUN 1997
L126          22 SEA L32 OR L48 OR L77 OR L85 OR L97 OR L113 OR L117 OR L1
                 21
L127          14 SEA L93 NOT L126

     FILE 'EMBASE' ENTERED AT 11:51:49 ON 30 JUN 1997
L128          41 SEA L33 OR L49 OR L78 OR L86 OR L98 OR L114 OR L118 OR L1
                 22
L129           9 SEA L49 OR L78 OR L98 OR L122
L130          32 SEA L128 NOT L129
L131          17 SEA L94 NOT (L129 OR L130)

     FILE 'MEDLINE' ENTERED AT 11:53:24 ON 30 JUN 1997
                 E BONE MARROW PURGING/CT
L132         933 SEA "BONE MARROW PURGING"+NT/CT
                 E BONE MARROW TRANSPLANTATION/CT
L133       21888 SEA "BONE MARROW TRANSPLANTATION"+NT/CT
                 E BONE MARROW/CT (L) TRANSPLANTATION/CT
                 E BONE MARROW/CT
L134       56162 SEA "BONE MARROW"+NT/CT
L135       10133 SEA L134 (L) TRANSPLANTATION/CT
                 E HEMATOPOIETIC STEM CELL TRANSPLANTATION/CT
L136        3132 SEA "HEMATOPOIETIC STEM CELL TRANSPLANTATION"+NT/CT
                 E SONICATION/CT
L137        1332 SEA SONICATION+NT/CT
                 E ULTRASONICS/CT
L138       29450 SEA ULTRASONICS+NT/CT
                 E VIBRATION/CT
L139        8148 SEA VIBRATION+NT/CT
L140           1 SEA L132 AND (L137 OR L138 OR L139)
L141           6 SEA (L133 OR L135 OR L136) AND (L137 OR L138 OR L139)
L142       48433 SEA VACUUM? OR VACUO# OR INVACUO# OR EVACUAT? OR (LOW OR
                 LOWER? OR DECREAS? OR DIMINISH? OR REDUC? OR REDN#)(2A)(P
                 RESS OR PRESSUR?)
L143          11 SEA (L132 OR L133 OR L135 OR L136) AND L142
L144         208 SEA REMOV?(3A)(BONEMARROW? OR MARROW?)
L145          66 SEA (L132 OR L133 OR L135 OR L136) AND L144
L146           0 SEA L145 AND (L17 OR L21)
L147           0 SEA L145 AND L26
L148          18 SEA L140 OR L141 OR L143

     FILE 'HOME' ENTERED AT 12:12:26 ON 30 JUN 1997

     FILE HOME

     FILE LCA
     LCA IS A STATIC LEARNING FILE
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THIS FILE CONTAINS CAS REGISTRY NUMBERS FOR EASY AND ACCURATE SUBSTANCE IDENTIFICATION.

This file contains CAS Registry Numbers for easy and accurate substance identification.

FILE WPIDS
FILE LAST UPDATED: 26 JUN 97 <970626/UP>
>>>UPDATE WEEKS:
MOST RECENT DERWENT WEEK 9726 <199726/DW>
DERWENT WEEK FOR CHEMICAL CODING: 9720
DERWENT WEEK FOR POLYMER INDEXING: 9723
DERWENT WORLD PATENTS INDEX SUBSCRIBER FILE, COVERS 1963 TO DATE
>>> D COST AND SET NOTICE DO NOT REFLECT SUBSCRIBER DISCOUNTS - SEE HELP COST FOR DETAILS <<<
>>> PCT PUBLICATIONS FROM 19 DECEMBER 1996 - SEE NEWS <<<

FILE BIOSIS
FILE COVERS 1969 TO DATE.
CAS REGISTRY NUMBERS AND CHEMICAL NAMES (CNs) PRESENT FROM JANUARY 1969 TO DATE.

RECORDS LAST ADDED: 24 June 1997 (970624/ED)
CAS REGISTRY NUMBERS (R) LAST ADDED: 24 June 1997 (970624/UP)

FILE EMBASE
FILE COVERS 1974 TO 25 Jun 1997 (970625/ED)

This file contains CAS Registry Numbers for easy and accurate substance identification.

FILE MEDLINE
FILE LAST UPDATED: 20 JUN 1997 (19970620/UP). FILE COVERS 1966 TO
+QLF/CT SHOWS YOU THE ALLOWABLE QUALIFIERS OF A TERM.

MEDLINE ANNUAL RELOAD AVAILABLE ON STN IN RECORD TIME (2/08/97).
ENTER HELP RLOAD FOR DETAILS.

THIS FILE CONTAINS CAS REGISTRY NUMBERS FOR EASY AND ACCURATE SUBSTANCE IDENTIFICATION.

=> file medline
FILE 'MEDLINE' ENTERED AT 12:42:26 ON 30 JUN 1997

FILE LAST UPDATED: 20 JUN 1997 (19970620/UP). FILE COVERS 1966 TO DATE.
+QLF/CT SHOWS YOU THE ALLOWABLE QUALIFIERS OF A TERM.

MEDLINE ANNUAL RELOAD AVAILABLE ON STN IN RECORD TIME (2/08/97).
ENTER HELP RLOAD FOR DETAILS.

THIS FILE CONTAINS CAS REGISTRY NUMBERS FOR EASY AND ACCURATE SUBSTANCE IDENTIFICATION.

=> d l148 1-18 all

L148 ANSWER 1 OF 18 MEDLINE
AN 97014745 MEDLINE
TI Induced healing of aneurysmal bone cysts by demineralized bone particles. A report of two cases.
AU Delloye C; De Nayer P; Malghem J; Noel H
CS Department of Orthopaedic Surgery, St-Luc University Clinics, Bruxelles, Belgium.
SO ARCHIVES OF ORTHOPAEDIC AND TRAUMA SURGERY, (1996) 115 (3-4) 141-5. Journal code: AT2. ISSN: 0936-8051.
CY GERMANY: Germany, Federal Republic of
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 9708
EW 19970801
AB Two cases of induced healing of aneurysmal bone cyst (ABC) following intralesional implantation of a bone paste made of autogeneic bone marrow and allogeneic bone powder are reported. The calcaneum in one case and the superior pubic ramus in the other were blown out by an ABC and would have required extensive surgery. Via a minimal exposure, the cyst was partially **evacuated** and filled with an admixture of a partially demineralized bone particles with bone marrow. Ossification of the peripheral shell was the first sign of healing and was observed within the first 3 postoperative months. Successful healing was observed in both cases. The rationale underlying this intralesional treatment was that the bone grafting material might reverse ABC expansion by promoting ossification through a bone induction mechanism. The concept of this treatment was to retain the ABC tissue, using its own intrinsic osteogenic potential to promote healing. By triggering intralesional new bone formation, the bone paste represented an effective means to reverse the expanding phase of ABC. The particulated bone allograft was easy to handle and to introduced in an irregular cavity. Moreover, as a complete cyst **evacuation** was not required, a minimal surgical approach could be used so that the risks and morbidity associated with an extensive approach were reduced. Its use is of particular interest in poorly accessible areas like the pelvis and spine.
CT Check Tags: Case Report; Female; Human
Adolescence
Adult
Bone Cysts, Aneurysmal: PP, physiopathology
*Bone Cysts, Aneurysmal: SU, surgery
***Bone Marrow Transplantation: MT, methods**
*Bone Transplantation: MT, methods
Calcaneus: RA, radiography

Calcaneus: SU, surgery
*Osteogenesis
Pubic Bone: RA, radiography
Pubic Bone: SU, surgery

L148 ANSWER 2 OF 18 MEDLINE
AN 96146925 MEDLINE
TI Bone changes in mucopolysaccharidosis VI in cats and the effects of bone marrow transplantation: mechanical testing of long bones.
AU Norrdin R W; Simske S J; Gaarde S; Schwardt J D; Thrall M A
CS Department of Pathology, Colorado State University, Fort Collins 80523, USA.
NC AR37095 (NIAMS)
SO BONE, (1995 Nov) 17 (5) 485-9.
Journal code: ASR. ISSN: 8756-3282.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 9605
AB Mucopolysaccharidosis VI (MPS VI) is a genetic lysosomal storage disease in which a defect in aryl sulfatase B leads to accumulation of the glycosaminoglycan dermatan sulfate and abnormalities in the development of cartilage and bone. A feline model of this disease was used to evaluate the efficacy of bone marrow transplant (BMT) therapy. Long bones from MPS VI cats (N = 6) and MPS VI + BMT cats (N = 7) were compared with control cats (N = 11) and control + BMT cats (N = 5) in mechanical tests. Dissected femurs and tibias were subjected to three-point bending and a subgroup of tibias were tested with the mechanical response tissue analyzer (MRTA) in which vibration is used to measure tissue impedance. Cats with MPS VI had markedly decreased stiffness and strength in both bone ($p < 0.01$). There was no significant difference in the MPS VI + BMT group. In the tibias, there was also decreased stiffness and strength in the control + BMT group as compared to controls ($p < 0.05$). However, when cross-sectional area was used to normalize for bone size there was good correlation with strength in both femurs ($r = 0.907$, $p < 0.01$) and tibias ($r = 0.915$, $p < 0.1$), and there were no significant differences between groups in the modulus of elasticity. In the tibias, in which stiffness was measured by MRTA, there was significant correlation with three-point bending stiffness. These results indicate that, in cats with MPS VI, the decreases in stiffness and strength of long bones can be largely accounted for by the decrease in bone size (osteopenia) that is present.
CT Check Tags: Animal; Comparative Study; Female; Male; Support, U.S. Gov't, P.H.S.
Biomechanics
Bone Diseases, Metabolic: PP, physiopathology
***Bone Marrow Transplantation**
Cats
Disease Models, Animal

Femur: PA, pathology
Femur: RA, radiography
Mucopolysaccharidosis VI: PP, physiopathology
Mucopolysaccharidosis VI: RA, radiography
*Mucopolysaccharidosis VI: TH, therapy
Regression Analysis
Tibia: PA, pathology
Tibia: RA, radiography
Vibration

L148 ANSWER 3 OF 18 MEDLINE
AN 96097215 MEDLINE
TI Intravesicular carboprost for the treatment of hemorrhagic cystitis after marrow transplantation.
AU Ippoliti C; Przepiorka D; Mehra R; Neumann J; Wood J; Claxton D; Gajewski J; Khouri I; van Besien K; Andersson B; et al
CS Department of Hematology, University of Texas M.D. Anderson Cancer Center, Houston.
SO UROLOGY, (1995 Dec) 46 (6) 811-5.
Journal code: WSY. ISSN: 0090-4295.
CY United States
DT (CLINICAL TRIAL)
(CLINICAL TRIAL, PHASE I)
(CLINICAL TRIAL, PHASE II)
Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals; Cancer Journals
EM 9603
AB OBJECTIVES. To determine the minimal active dose and extent of activity of intravesicular carboprost for the treatment of hemorrhagic cystitis after marrow transplantation. METHODS. Twenty-four adults with grade 3 or 4 hemorrhagic cystitis were treated. All but 2 had failed other local therapy. Treatment was initiated at a median of 32 days post-transplant. Eleven patients received carboprost intravesicularly at 0.2 mg/dL for 60 minutes every 6 hours, and the dose was escalated every 24 hours until a dose of 1.0 mg/dL was reached unless a response was achieved. Thirteen additional patients were treated at an initial dose of 0.8 mg/dL, with escalation to 1.0 mg/dL after four doses in the absence of a response. RESULTS. Overall, 15 of the 24 patients responded. In the dose-escalation setting, 0.8 mg/dL was the minimal active dose. The total response rate was 62% with doses at or above 0.8 mg/dL and 18% at lower doses. All but one response occurred with 7 or fewer days of therapy, and 9 patients relapsed later. Four additional patients were salvaged following cystoscopy with clot **evacuation** with or without alum or formalin instillation. In all but 1 patient, bladder spasms developed during treatment with carboprost, but were not sufficiently severe to discontinue therapy. CONCLUSIONS. Intravesicular carboprost at 1.0 mg/dL every 6 hours for no more than 7 days should be considered for a randomized study for treatment of refractory hemorrhagic cystitis. Cystoscopic

examination and **evacuation** of clots prior to therapy may be required to achieve the full benefit of this treatment.

CT Check Tags: Female; Human; Male
Administration, Intravesical
Adult
***Bone Marrow Transplantation: AE, adverse effects**
*Carboprost: AD, administration & dosage
*Cystitis: DT, drug therapy
Cystitis: ET, etiology
Drug Administration Schedule
*Hemorrhage: DT, drug therapy
Hemorrhage: ET, etiology
Middle Age

RN 35700-23-3 (Carboprost)

L148 ANSWER 4 OF 18 MEDLINE
AN 95193080 MEDLINE
TI Optimization of the magnetic field used for immunomagnetic islet purification.
AU Davies J E; James R F; London N J; Robertson G S
CS Department of Surgery, University of Leicester, United Kingdom.
SO TRANSPLANTATION, (1995 Mar 15) 59 (5) 767-71.
Journal code: WEJ. ISSN: 0041-1337.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals; Cancer Journals
EM 9506
AB Purification of islets based on the physical differences in density between exocrine and islet tissue reduces islet yields and remains one of the factors limiting islet transplantation. Immunomagnetic cell separation methods provide an attractive, highly specific alternative capable of rapid, gentle, high volume cell separation, but they require modification to be applied effectively to separation of the much larger tissue fragments involved in islet purification. In this study, mAb to rat exocrine tissue were coupled to 4.5-microns magnetic beads (M450 Dynabeads), before incubation with standard aliquots of rat pancreatic digest. The effect on immunomagnetic islet purification of modifications in the magnetic field and the method of digest release into the field were investigated. The results showed that using vibration to maintain the immunomagnetically labeled digest in suspension in tissue culture medium whose density had been increased by the addition of BSA, significantly improved the purification process. When the digest suspension was slowly released and allowed to drift under gravity through a magnetic field applied across a narrow tube, the use of a quadripole of permanent magnets improved results compared with bipolar or unipolar magnetic fields. By modifying immunomagnetic cell separation techniques in this way, a median islet yield of 77% could be reliably achieved while removing 88% of the contaminating exocrine tissue. The use of such methods in human

islet purification would significantly increase the yield of islets from each donor pancreas and increase the success rate of transplantation from single donors.

CT Check Tags: Animal; Comparative Study; Support, Non-U.S. Gov't
Amylases: AN, analysis
***Immunomagnetic Separation**
Insulin: AN, analysis
*Islets of Langerhans: CY, cytology
Islets of Langerhans Transplantation: PA, pathology
Magnetics
Pancreas: CY, cytology
Rats
Serum Albumin, Bovine: PD, pharmacology
Vibration

RN 11061-68-0 (Insulin)
CN EC 3.2.1.- (Amylases); 0 (Serum Albumin, Bovine)

L148 ANSWER 5 OF 18 MEDLINE
AN 94279293 MEDLINE
TI Establishment of a tissue bank for fetal stem cell transplantation.
AU Westgren M; Ek S; Bui T H; Hagenfeldt L; Markling L; Pschera H; Seiger A; Sundstrom E; Ringden O
CS Department of Obstetrics and Gynecology, Huddinge Hospital, Sweden..
SO ACTA OBSTETRICIA ET GYNECOLOGICA SCANDINAVICA, (1994 May) 73 (5) 385-8.
Journal code: 1E8. ISSN: 0001-6349.
CY Denmark
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 9409
AB STUDY OBJECTIVE. To analyse the yield of fetal liver tissue in first trimester abortions and to evaluate the number of nucleated cells obtained from each fetal liver during the sixth to twelfth week of gestation. DESIGN. Prospective descriptive study: LOCATION. University Hospital. MATERIAL. Women seeking abortion during a 12 month period 1992/1993. RESULTS. Out of 1271 women seeking abortion, 152 were asked whether they were willing to donate fetal tissue for fetal transplantation. Of these women, 105 (69%) accepted the proposal and underwent a modified low suction **vacuum** curettage. Fetal liver tissue was obtained in 61 (58%) of these procedures. The frequency at which tissue was retrieved was strongly related to gestational age and rose from 29% in week 6 to 79% in the tenth to twelfth week of gestation. The mean number of nucleated cells obtained from each fetal liver demonstrated a concomitant increase with gestational age, rising from 16 to 43 x 10(6) per liver during these weeks of gestation. Of the 61 cases in which fetal liver was obtained, four subjects were shown to be abnormal by laboratory analyses and 11 did not alter the mandatory follow-up appointment. This left 46 cases for use in the program of fetal to fetal transplantations. CONCLUSIONS. Most women seeking abortion

seem to be in favor of the idea of fetal tissue donation for the treatment of other fetuses. The possibility of obtaining fetal liver tissue and the number of fetal stem cells retrieved are closely correlated to gestational age. A tissue bank appears to facilitate the operation of a fetal to fetal stem cell transplantation program.

CT Check Tags: Female; Human; Support, Non-U.S. Gov't
Attitude to Health
*Fetal Tissue Transplantation: MT, methods
Gestational Age
***Hematopoietic Stem Cell Transplantation**
*Hematopoietic Stem Cells: TR, transplantation
*Liver: CY, cytology
Organ Procurement: MT, methods
Program Evaluation
Prospective Studies
Sweden
*Tissue Banks: OG, organization & administration
*Tissue Donors
***Vacuum Curettage: MT, methods**
Vacuum Curettage: PX, psychology

L148 ANSWER 6 OF 18 MEDLINE
AN 94105382 MEDLINE
TI Prophylaxis of bone marrow transplant nephropathy with captopril, an inhibitor of angiotensin-converting enzyme.
AU Moulder J E; Cohen E P; Fish B L; Hill P
CS Department of Radiation Oncology, Medical College of Wisconsin, Milwaukee 53226..
NC CA24652 (NCI)
SO RADIATION RESEARCH, (1993 Dec) 136 (3) 404-7.
Journal code: QMP. ISSN: 0033-7587.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals; Cancer Journals
EM 9404
AB Chronic renal failure occurs in about 20% of long-term survivors treated with bone marrow transplant (BMT) regimens that include total-body irradiation (TBI); this syndrome is called BMT nephropathy. In a previous study in a syngeneic rat BMT model it was shown that captopril (an inhibitor of angiotensin-converting enzyme) could be used to treat experimental BMT nephropathy. Current studies were designed to determine whether captopril could also be used to prevent BMT nephropathy. Rats received 14 to 18.5 Gy TBI in six fractions over 3 days followed by syngeneic BMT. Seven days before TBI half the rats were started on captopril (500 mg/liter in the drinking water). Blood urea nitrogen, ratios of urine protein to creatinine, serum creatinine, and blood pressure were used to assess renal function. In animals receiving TBI alone, BMT nephropathy developed 3 to 6 months after transplant. At 6 months after TBI, captopril-treated animals had **lower** systolic blood

pressure and better-preserved renal function than animals receiving TBI alone, with dose-modifying factors of about 1.3. The captopril treatment had no effect on bone marrow ablation by TBI. Captopril appears to be safe and effective in the prophylaxis of BMT nephropathy.

CT Check Tags: Animal; Male; Support, Non-U.S. Gov't; Support, U.S. Gov't, P.H.S.
Blood Urea Nitrogen
***Bone Marrow Transplantation: AE, adverse effects**
*Captopril: TU, therapeutic use
*Kidney Failure, Chronic: PC, prevention & control
Rats
Whole-Body Irradiation

RN 62571-86-2 (Captopril)

L148 ANSWER 7 OF 18 MEDLINE

AN 92395498 MEDLINE

TI Effective early treatment of hepatic venoocclusive disease with a central splenorenal shunt in an infant.

AU Jacobson B K; Kalayoglu M

CS Department of Surgery, University of Wisconsin School of Medicine, Madison..

SO JOURNAL OF PEDIATRIC SURGERY, (1992 Apr) 27 (4) 531-3. Journal code: JMJ. ISSN: 0022-3468.

CY United States

DT Journal; Article; (JOURNAL ARTICLE)

LA English

FS Priority Journals

EM 9212

AB Venoocclusive disease of the liver (VOD) is a well-described complication following chemotherapy. It is manifested by jaundice and signs of portal hypertension and carries a mortality rate approaching 50%. There is no known treatment for the disease itself, although several recent reports suggest portacaval diversion may be effective in treating its sequelae. A 6.75-kg 8-month-old boy with VOD following bone marrow ablation and bone marrow transplantation (BMT) for juvenile chronic myelogenous leukemia (JCML) is presented. Over a 6-week period following bone marrow ablation he developed ascites refractory to diuretics, jaundice, and hematemasis with normal hepatocellular function. Splenectomy with a central splenorenal shunt was performed, which resulted in a significant **reduction** in portal **pressures** and complete resolution of his ascites and hematemasis without resultant encephalopathy. We propose that central end-to-side splenorenal shunting is an acceptable treatment for portal hypertension due to VOD and can be successfully performed in infants.

CT Check Tags: Case Report; Human; Male
***Bone Marrow Transplantation: AE, adverse effects**
Hepatic Veno-Occlusive Disease: CO, complications
Hepatic Veno-Occlusive Disease: ET, etiology
*Hepatic Veno-Occlusive Disease: SU, surgery

Hypertension, Portal: ET, etiology
*Hypertension, Portal: SU, surgery
Infant
Portal System: RA, radiography
*Splenorenal Shunt, Surgical

L148 ANSWER 8 OF 18 MEDLINE
AN 91120509 MEDLINE
TI Orbital aspergillosis. Conservative debridement and local amphotericin irrigation.
AU Harris G J; Will B R
CS Department of Ophthalmology, Medical College of Wisconsin, Milwaukee.
NC EY-01931 (NEI)
SO OPHTHALMIC PLASTIC AND RECONSTRUCTIVE SURGERY, (1989) 5 (3) 207-11. Journal code: AY2. ISSN: 0740-9303.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 9105
AB A patient maintained on long-term immunosuppressive agents after bone marrow transplantation developed an Aspergillus abscess in the right orbit. The abscess was resected without visual compromise and the orbit was irrigated regularly with amphotericin B via an indwelling catheter. Follow-up computed tomography, surgical exploration, and histological analysis demonstrated suppression of fungal growth in the orbit. Persistent fungus was recovered from nonirrigated sinuses despite their previous surgical **evacuation** and continued systemic amphotericin B administration. Treatment of orbital aspergillosis should include surgical reduction of the local fungal inoculum, supplementation of intravenous antifungal agents with local delivery to minimize systemic toxicity, and attempts to reverse the immunosuppression. If the last is not possible, extensive extirpation of normal surrounding tissues will not prevent repopulation by the ubiquitous fungus.
CT Check Tags: Case Report; Female; Human; Support, Non-U.S. Gov't; Support, U.S. Gov't, P.H.S.
Adult
Amphotericin B: AD, administration & dosage
*Amphotericin B: TU, therapeutic use
*Aspergillosis: DT, drug therapy
*Aspergillosis: SU, surgery
Bone Marrow Transplantation
Catheters, Indwelling
Debridement
*Ethmoid Sinusitis: DT, drug therapy
*Ethmoid Sinusitis: SU, surgery
Immunosuppression
Injections, Intravenous

Leukemia, Myelocytic, Acute: SU, surgery
*Orbital Diseases: DT, drug therapy
*Orbital Diseases: SU, surgery
RN 1397-89-3 (Amphotericin B)

L148 ANSWER 9 OF 18 MEDLINE
AN 90381378 MEDLINE
TI [4 years after Chernobyl: medical repercussions].
Quatre ans apr`es Tchernobyl: les retombees medicales.
AU Hubert D
SO BULLETIN DU CANCER, (1990) 77 (5) 419-28. Ref: 31
Journal code: BDZ. ISSN: 0007-4551.
CY France
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, MULTICASE)
LA French
FS Priority Journals; Cancer Journals
EM 9012
AB The nuclear accident at Chernobyl accounted for an acute radiation syndrome in 237 persons on the site. Triage was the initial problem and was carried out according to clinical and biological criteria; evaluating the doses received was based on these criteria. Thirty one persons died and only 1 survived a dose higher than 6 Gy. Skin radiation burns which were due to inadequate decontamination, greatly worsened prognosis. The results of 13 bone marrow transplantations were disappointing, with only 2 survivors. Some time after the accident, these severely irradiated patients are mainly suffering from psychosomatic disorders, in the USSR, some areas have been significantly contaminated and several measures were taken to mitigate the impact on population: **evacuating** 135,000 persons, distributing prophylactic iodine, establishing standards and controls on foodstuff. Radiation phobia syndrome which developed in many persons, is the only sanitary effect noticed up to now. Finally, in Europe, there was only an increase in induced abortions and this was totally unwarranted. If we consider the risk of radiation induced cancer, an effect might not be demonstrated.
CT Check Tags: Female; Human; Male
Abnormalities, Radiation-Induced: EP, epidemiology
Abortion, Habitual: EP, epidemiology
Blood Cell Count
*Bone Marrow Transplantation
*Decontamination: MT, methods
Diarrhea: ET, etiology
English Abstract
Europe
*Nuclear Reactors
Pregnancy
Prognosis
Psychophysiologic Disorders: ET, etiology
Pulmonary Fibrosis: ET, etiology

Radiation Dosage
*Radiation Injuries
Radiation Injuries: CO, complications
Radiation Injuries: EP, epidemiology
Radiation Injuries: TH, therapy
Skin: RE, radiation effects
Triage
Ukraine

L148 ANSWER 10 OF 18 MEDLINE
AN 87308717 MEDLINE
TI Pseudoepidemic of aspergillosis after development of pulmonary infiltrates in a group of bone marrow transplant patients.
AU Weems J J Jr; Andremont A; Davis B J; Tancrede C H; Guiguet M; Padhye A A; Squinazi F; Martone W J
SO JOURNAL OF CLINICAL MICROBIOLOGY, (1987 Aug) 25 (8) 1459-62. Journal code: HSH. ISSN: 0095-1137.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 8712
AB During February and March 1985, seven patients in the pediatric bone marrow transplant unit (PBMTU) of a 350-bed cancer hospital developed pulmonary infiltrates. Five of the patients had Aspergillus spp. isolated from the respiratory tract, and two of these patients had histologic evidence of aspergillosis. Between 26 February and 22 April, Aspergillus spp. were isolated in a total of 70 cultures from 39 hospitalized patients. Of the 70 cultures, 14 (group 1) were from respiratory specimens of PBMTU patients with pulmonary infiltrates and were submitted to the laboratory intermittently over the 56-day period. However, of the other 56 Aspergillus-positive cultures (group 2), 41 (73%) were submitted on six days during this period (P less than 0.001, chi-square goodness of fit), including 8 blood cultures submitted on one day. When Aspergillus sp. was recovered from group 1 cultures early during this period, the isolates were stored in the culture-processing room. Aspergillus isolates were not handled in a biological safety cabinet, and blood cultures were done by using a system which requires opening of an **evacuated** bottle to room air. The presence of stored Aspergillus isolates was associated with a markedly elevated concentration of airborne fungi in the culture-processing room. After removal of the stored Aspergillus isolates from the culture-processing room, the concentration of airborne fungi returned to background level and there were no further Aspergillus-positive cultures. These findings suggested that group 2 cultures had been contaminated by stored Aspergillus isolates. No evidence for a common source of infection was found in the PBMTU patients with pulmonary infiltrates.
CT Check Tags: Female; Human; Male
Air Microbiology

Aspergillosis: DI, diagnosis
*Aspergillosis: EP, epidemiology
Aspergillosis: ET, etiology
Aspergillus: IP, isolation & purification
***Bone Marrow: TR, transplantation**
***Bone Marrow Transplantation**
Child
Cross Infection: DI, diagnosis
*Cross Infection: EP, epidemiology
Cross Infection: ET, etiology
Diagnostic Errors
*Disease Outbreaks
Hospital Units
Lung Diseases, Fungal: DI, diagnosis
*Lung Diseases, Fungal: EP, epidemiology
Lung Diseases, Fungal: ET, etiology
Respiratory System: MI, microbiology

L148 ANSWER 11 OF 18 MEDLINE
AN 87284218 MEDLINE
TI Immediate medical consequences of nuclear accidents. Lessons from Chernobyl.
AU Gale R P
NC CA23175 (NCI)
SO JAMA, (1987 Aug 7) 258 (5) 625-8.
Journal code: KFR. ISSN: 0098-7484.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Abridged Index Medicus Journals; Priority Journals; Cancer Journals
EM 8711
AB The immediate medical response to the nuclear accident at the Chernobyl nuclear power station involved containment of the radioactivity and **evacuation** of the nearby population. The next step consisted of assessment of the radiation dose received by individuals, based on biological dosimetry, and treatment of those exposed. Medical care involved treatment of skin burns; measures to support bone marrow failure, gastrointestinal tract injury, and other organ damage (ie, infection prophylaxis and transfusions) for those with lower radiation dose exposure; and bone marrow transplantation for those exposed to a high dose of radiation. At Chernobyl, two victims died immediately and 29 died of radiation or thermal injuries in the next three months. The remaining victims of the accident are currently well. A nuclear accident anywhere is a nuclear accident everywhere. Prevention and cooperation in response to these accidents are essential goals.
CT Check Tags: Human; Support, U.S. Gov't, P.H.S.
*Accidents
Blood Transfusion
Bone Marrow: TR, transplantation
Bone Marrow Transplantation

*Emergency Medical Services
Infection: PC, prevention & control
Infection Control
*Nuclear Reactors
Radiation Dosage
Radiation Injuries: TH, therapy
Radiation Monitoring
Ukraine

L148 ANSWER 12 OF 18 MEDLINE
AN 84125277 MEDLINE
TI Sonography of the gallbladder in bone marrow transplant patients.
AU Frick M P; Snover D C; Feinberg S B; Salomonowitz E; Crass J R; Ramsay N K
SO AMERICAN JOURNAL OF GASTROENTEROLOGY, (1984 Feb) 79 (2) 122-7. Journal code: 3HE. ISSN: 0002-9270.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals; Cancer Journals
EM 8405
AB Nonshadowing opacities in the gallbladder (sludge) occurred in nine of 44 bone marrow transplant patients as a nonspecific finding. Sludge occurring within 2 wk of bone marrow transplant was transient. Later, sludge accompanied hepatic graft versus host disease in seven of 10 patients with this complication of bone marrow transplant. During the course of graft versus host disease, disappearance of sludge matched clinical improvement. Persistence of sludge in patients with hepatic graft versus host disease was associated with a poor prognosis. The gallbladder of one patient who underwent cholecystectomy exhibited histopathologic findings of graft versus host disease.
CT Check Tags: Female; Human; Male
Adolescence
Adult
Anemia, Aplastic: TH, therapy
***Bone Marrow: TR, transplantation**
***Bone Marrow Transplantation**
Child
Child, Preschool
*Gallbladder: PA, pathology
*Graft vs Host Disease: DI, diagnosis
Infant
Leukemia: TH, therapy
*Liver Diseases: DI, diagnosis
Liver Function Tests
Lymphoma: TH, therapy
Prognosis
***Ultrasonics: DU, diagnostic use**

L148 ANSWER 13 OF 18 MEDLINE

AN 83186849 MEDLINE
TI Histopathology of the lung after bone marrow transplantation.
AU Sloane J P; Depledge M H; Powles R L; Morgenstern G R; Trickey B S; Dady P J
SO JOURNAL OF CLINICAL PATHOLOGY, (1983 May) 36 (5) 546-54.
Journal code: HT3. ISSN: 0021-9746.
CY ENGLAND: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Abridged Index Medicus Journals; Priority Journals; Cancer Journals
EM 8308
AB The histopathological changes in the lungs of 32 patients who died after bone marrow transplantation for leukaemia have been studied and compared with those found in 21 patients treated by conventional chemotherapy. The transplanted patients exhibited a higher incidence of interstitial pneumonitis, vascular lesions and viral infections, particularly cytomegalovirus (CMV), although bacterial and fungal diseases were commoner in the non-grafted subjects. The pathogenesis of interstitial pneumonitis is discussed with specific reference to the possible roles of irradiation, chemotherapy, viruses and the immunosuppressive drug cyclosporin A. Ten patients died of a syndrome characterised clinically by fever, skin rash, fluid retention, uraemia, low serum albumin concentrations, **low** central venous **pressure** and acute pulmonary oedema. These patients exhibited intra-alveolar haemorrhagic fibrinous exudation with or without interstitial changes. The aetiology of this syndrome is not known but it occurs more frequently in recipients of mismatched grafts and evidence is presented suggesting that viruses may play a significant causative role. No lesion was identified that could be directly attributed to Graft-versus-Host disease.
CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
Adolescence
Adult
***Bone Marrow: TR, transplantation**
***Bone Marrow Transplantation**
Child
Graft Rejection
*Leukemia: TH, therapy
Lung: BS, blood supply
*Lung: PA, pathology
Lung Diseases: ET, etiology
*Lung Diseases: PA, pathology
Middle Age
Pulmonary Edema: ET, etiology
Pulmonary Edema: PA, pathology
Pulmonary Fibrosis: ET, etiology
Pulmonary Fibrosis: PA, pathology
Vascular Diseases: ET, etiology
Vascular Diseases: PA, pathology

L148 ANSWER 14 OF 18 MEDLINE

AN 81154396 MEDLINE
TI Regression on oxymetholone-induced hepatic tumors after bone marrow transplantation in aplastic anemia.
AU Montgomery R R; Ducore J M; Githens J H; August C S; Johnson M L
NC RR-69 (NCRR)
SO TRANSPLANTATION, (1980 Aug) 30 (2) 90-6.
Journal code: WEJ. ISSN: 0041-1337.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 8107
AB Treatment of acquired aplastic anemia with androgens has been occasionally associated with the development of hepatic tumors. We have studied a 13-year-old boy with idiopathic aplastic anemia in whom oxymetholone treatment was associated with a partial hematological remission. Thirty-four months later, however, the patient developed multiple hepatic tumors. When oxymetholone therapy was discontinued, the aplastic anemia relapsed. He then underwent bone marrow transplantation from his HLA-A, B, and D-compatible sibling. This was followed by hematological and immunological reconstitution. The hepatic tumors underwent progressive regression after bone marrow transplantation. The patient is now 3 years post-bone marrow transplantation and is in complete remission of his aplastic anemia with no evidence of detectable liver tumors.
CT Check Tags: Case Report; Human; Male; Support, U.S. Gov't, P.H.S.
Adolescence
*Anemia, Aplastic: CO, complications
Anemia, Aplastic: DT, drug therapy
***Bone Marrow: TR, transplantation**
***Bone Marrow Transplantation**
Liver Neoplasms: CI, chemically induced
Liver Neoplasms: DI, diagnosis
*Liver Neoplasms: TH, therapy
*Oxymetholone: AE, adverse effects
Transplantation, Homologous
Ultrasonics: DU, diagnostic use
RN 434-07-1 (Oxymetholone)

L148 ANSWER 15 OF 18 MEDLINE
AN 77247465 MEDLINE
TI Obstructive jaundice after bone marrow transplantation.
AU Lipshutz G R; Katon R M; Lee T G
SO GASTROENTEROLOGY, (1977 Sep) 73 (3) 565-9.
Journal code: FH3. ISSN: 0016-5085.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 7712
AB Jaundice after bone marrow transplantation is usually a consequence

of graft versus host disease. Reported is a patient who presented with obstructive jaundice several months after a successful marrow allograft. Despite a benign bone marrow examination, abdominal ultrasound, upper gastrointestinal series, and endoscopic biopsy were utilized to diagnose recurrent leukemia at the pancreatic head and descending duodenum. The entities of graft versus host disease as related to jaundice, and gastrointestinal leukemia, in the presence of a "remission" bone marrow, are reviewed.

CT Check Tags: Case Report; Human; Male
Biopsy
*Bone Marrow: CY, cytology
***Bone Marrow: TR, transplantation**
***Bone Marrow Transplantation**
Child
*Cholestasis: ET, etiology
Duodenal Neoplasms: CO, complications
Duodenal Neoplasms: PA, pathology
Duodenal Neoplasms: RA, radiography
Graft vs Host Reaction
Intestinal Neoplasms: PA, pathology
*Leukemia: CO, complications
Leukemia: DI, diagnosis
Leukemia: PA, pathology
Leukemia: RA, radiography
Pancreatic Neoplasms: CO, complications
Pancreatic Neoplasms: RA, radiography
Recurrence
Transplantation, Homologous
Ultrasonics: DU, diagnostic use

L148 ANSWER 16 OF 18 MEDLINE
AN 77022502 MEDLINE
TI Marrow regeneration after mechanical depletion.
AU Brecher G; Tjio J H; Smith W W; Haley J E
SO BLOOD, (1976 Nov) 48 (5) 679-86.
Journal code: A8G. ISSN: 0006-4971.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 7702
AB The origin of marrow regeneration after mechanical depletion was reinvestigated in mouse chimeras. The results were compatible with the local origin of stem cells from remnants of incompletely removed marrow, but not with their origin from a common precursor of both bone and hemopoietic cell lines. In transplanted femurs depleted by a modified technique of in vivo **evacuation** of marrow, hemopoietic regeneration failed to occur. The presence of hemopoietic stem cells in the Haversian canals was thus excluded. The demonstration of ample hemopoiesis with minimal bone formation in nondepleted controls in which bone marrow initially became

necrotic provided new evidence that osteogenesis was not a prerequisite of hemopoietic regeneration.
CT Check Tags: Animal; Female
Bone Marrow: CY, cytology
*Bone Marrow: PH, physiology
Bone Marrow: TR, transplantation
Bone Marrow Transplantation
*Bone Regeneration
Haversian System: PH, physiology
Hindlimb: PH, physiology
Mice
Mice, Inbred AKR
Radiation Chimera
Transplantation, Isogeneic

L148 ANSWER 17 OF 18 MEDLINE
AN 73073617 MEDLINE
TI Soluble H-2 antigens: effect on graft-versus-host reaction and factors influencing its effect on host-versus-skin-graft reaction.
AU Halle-Pannenko O; Martyre M C; Mathe G
SO TRANSPLANTATION PROCEEDINGS, (1972 Dec) 4 (4) 517-21.
Journal code: WE9. ISSN: 0041-1345.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 7304
CT Check Tags: Animal
Bone Marrow: CY, cytology
Bone Marrow: TR, transplantation
Bone Marrow Transplantation
*Graft vs Host Reaction
Graft Rejection
Hemagglutination Inhibition Tests
*Histocompatibility Antigens
Liver: CY, cytology
Liver: IM, immunology
Lymph Nodes: CY, cytology
Lymph Nodes: TR, transplantation
Mice
Mice, Inbred C57BL
Radiation Chimera
*Skin: TR, transplantation
*Skin Transplantation
Solubility
*Transplantation Immunology
Transplantation, Homologous
Ultrasonics

L148 ANSWER 18 OF 18 MEDLINE
AN 68195009 MEDLINE

TI Thymus-marrow immunocompetence. 3. The requirement for living thymus cells.
AU Claman H N; Chaperon E A; Selner J C
SO PROCEEDINGS OF THE SOCIETY FOR EXPERIMENTAL BIOLOGY AND MEDICINE, (1968 Feb) 127 (2) 462-6.
Journal code: PXZ. ISSN: 0037-9727.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 6807
CT Check Tags: Animal
*Antibody Formation
*Bone Marrow: IM, immunology
Bone Marrow: TR, transplantation
Bone Marrow Transplantation
Erythrocytes: IM, immunology
Injections, Intraperitoneal
Injections, Intravenous
Mice
*Radiation Effects
Rats
Sheep
Spleen: IM, immunology
Thymectomy
*Thymus Gland: IM, immunology
Thymus Gland: RE, radiation effects
Thymus Gland: TR, transplantation
*Transplantation Immunology
Ultrasonics

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L124 ANSWER 1 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 96-432860 [43] WPIDS
DOC. NO. NON-CPI: N96-364803
DOC. NO. CPI: C96-135767

TITLE: Cleaning of large **bone** grafts - by immersing done in soln. contg. **solvent** for **bone** marrow and applying **vacuum** through prepd. opening in intact **bone**.

DERWENT CLASS: A96 D22 E19 P34
INVENTOR(S): WOLFINBARGER, L
PATENT ASSIGNEE(S): (LIFE-N) LIFENET RES FOUND
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
US 5556379	A	960917	(9643)*		20

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
US 5556379	A CIP of	US 94-293206	940819
		US 95-395113	950227

PRIORITY APPLN. INFO: US 95-395113 950227; US 94-293206 940819
AN 96-432860 [43] WPIDS
AB US 5556379 A UPAB: 961025

Large **bone** grafts are cleaned as follows: (a) excess cartilage is removed from at least 1 articulating surface of a large substantially intact **bone**; (b) an opening through the cortical layer of the **bone** is prepd. to permit access of a **vacuum** line to the **bone** cavity, and the line is attached; (c) the **bone** is immersed in a soln. (A2) contg. at least 1 **solvent** for **bone** marrow; and (d) a **vacuum** is applied to draw (S1) through the cartilaginous articulating surface and then through the cavity to **withdraw** solubilised **bone marrow**.

(S1) pref. comprises endotoxin-free deionised/distilled H2O, 1 or more **solvents** (0.001-2 % esp. 0.01-0.5 % anionic and/or nonionic detergents; esp. polyoxyethylene alcohols, polyethylene glycol, p-isooctylphenylethers, polyoxyethylene nonylphenol, and polyoxyethylene sorbitol esters), and also EtOH (pref. 5-95 % esp. 10-30 % v/v), as well as 1 or more of endotoxin-free deionised/distilled H2O and/or EtOH, and 1 or more antibiotics, antiviral agents, H2O2, permeation enhancers, organic acids, and dil. solns. of strong acids.

ADVANTAGE - The method with min. handling and processing provides large **bone** graft material which is essentially free of residual **bone** marrow, and which may be used in the prepn. of small **bone** grafts. Thus transmission of infective agents (**bacteria** and **viruses**, esp. HIV) is reduced, while structural damage to the cancellous

bone is minimised.
Dwg.0/8

L124 ANSWER 2 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 95-336746 [43] WPIDS
DOC. NO. NON-CPI: N95-252531
DOC. NO. CPI: C95-148461
TITLE: Detection of specific target cells in mixed cell populations - using antibody-coated paramagnetic particles.
DERWENT CLASS: B04 D16 S03
INVENTOR(S): FODSTAD, O; HOIFODT, H K; RYE, P D; HOIFODT, H; HOEIFOEDT, H K
PATENT ASSIGNEE(S): (FODS-I) FODSTAD O
COUNTRY COUNT: 20
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
WO 9524648	A1	950914	(9543)*	EN	43
NO 9400866	A	950911	(9545)		
AU 9520864	A	950925	(9601)		
EP 749580	A1	961227	(9705)	EN	
R: AT BE CH DE DK ES FR GB GR IE IT LI LU MC NL PT SE					
FI 9603533	A	961107	(9707)		
NO 180658	B	970210	(9713)		

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
WO 9524648	A1	WO 95-NO52	950310
NO 9400866	A	NO 94-866	940310
AU 9520864	A	AU 95-20864	950310
EP 749580	A1	EP 95-913431	950310
		WO 95-NO52	950310
FI 9603533	A	WO 95-NO52	950310
		FI 96-3533	960909
NO 180658	B	NO 94-866	940310

FILING DETAILS:

PATENT NO	KIND		PATENT NO
AU 9520864	A	Based on	WO 9524648
EP 749580	A1	Based on	WO 9524648
NO 180658	B	Previous Publ.	NO 9400866

PRIORITY APPLN. INFO: NO 94-866 940310
AN 95-336746 [43] WPIDS
AB WO 9524648 A UPAB: 951102

Method for detecting specific target cells (TCs) in:(i) cell suspensions of mixed cell populations;(ii) fluid systems contg. mixed cell populations, and(iii) single cell suspensions prepd. from solid tissues, except normal and malign haematopoietic cells in blood and **bone** marrow, comprises:(a) coating paramagnetic particles (PP) with either:
(i) antibodies (Abs) or their fragments, directed against membrane structures found only on the TCs in the cell mixt., or
(ii) Abs (pref. polyclonal anti-mouse, monoclonal rat anti-mouse or monoclonal anti-human Abs) capable of binding to the Fc portions of the ABs in (i);(b) mixing the Ab-coated PPs with the suspension of cells to be examined and incubating them for 30 mins. at 4deg.C, under gentle rotation. (This step may also be performed in a changed order);(c) if the TC population is contained in blood or **bone marrow aspirates**, the hydrophobic forces associated with Ab-coated particles are reduced by incubating them with mild detergents, e.g. Tween 20 (TM) in concns. of <0.1% for 30 min. at 4deg.C and/or;(d) to visualise the particle-TC complexes, the cell suspensions are incubated with formalin, alcohol or other fixatives, and
(i) Abs or their fragments (pre-labelled with peroxidase, alkaline phosphatase, or other enzymes for visualisation) which bind to the TCs, or
(ii) biotinylated-Abs and binding visualised through incubation with avidin complexed to peroxidase, alkaline phosphatase or other enzymes, with addition of and incubation with relevant substances;(e) PP-Ab-cell mixt. is subjected to a magnetic field if the density of the TCs or the ratio of TC:total cells in the mixture is low (<1%), and then(f) examining and counting stained and unstained PP-TC complexes in the cell suspension, using a microscope and/or suitable counter, or(g) transferring the TC suspension to the cell filtering device (CFD) or cell separator in which the suspension is applied in the microwell, using a membrane filter suitable to retain PP-TC complexes, with(out) **suction**, removing filters with isolated TCs from the CFD to be fixed/stained by known methods and viewed by microscope or adding a culture medium to propagate the TC complexes on the filter for characterisation, or(h) if the ratio of TC:total cells in the cell suspension is adequate (>1%) examining and counting the TC's as in (d).

Also claimed are:(a) a CFD (see figure) or cell separator (20) for sepg. PP-TC complexes from unbound beads, unspecifically bound non-TCs and unbound non-TCs in a cell suspension of mixed cell populations, characterised in that it comprises a filtrate collection box (22) with(out) guiding pin(s) (28), with a lid (21), with(out) a **low pressure vacuum** attachment part (23) and contg. a number of multiwell units (24) with(out) a guiding notch (29), with a cell separator membrane filter (25) and a membrane support (25a) detachably fixed to the bottom of the multiwell unit (24), and(b) a kit for carrying out the above method.

USE/ADVANTAGE - The method can be used:(a)to isolate target

cells by exposing the TC-PP complexes to a magnetic field and isolating the resultant aggregates using a CFD. The isolated cells can then be subjected to further examinations including PCR and reverse transcriptase PCR, and(b) to detect specific TCs in a mixt. which can then be used to establish human tumour xenografts in animals (claimed). The method allows for very sensitive detection of e.g. metastatic tumour cells, since a large vol. and number of cells can be readily screened through the microscope and the attached magnetic beads are easily recognisable.
Dwg.1/5

L124 ANSWER 3 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 95-131308 [17] WPIDS
DOC. NO. CPI: C95-060628
TITLE: New multi unit ribozyme which cleaves hybrid oncogene transcripts - for treating neoplasms characterised by chromosomal trans location(s), esp. leukaemia.
DERWENT CLASS: B04 D16
INVENTOR(S): LEOPOLD, L H; REDDY, E P; REDDY, M V R; SHORE, S K; REDDY, E
PATENT ASSIGNEE(S): (UTEM) UNIV TEMPLE
COUNTRY COUNT: 52
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
WO 9507923	A1	950323	(9517)*	EN	44

RW: AT BE CH DE DK ES FR GB GR IE IT KE LU MC MW NL OA PT SD SE
W: AM AT AU BB BG BR BY CA CH CN CZ DE DK ES FI GB GE HU JP KP KR KZ LK LU LV MD MG MN MW NL NO NZ PL PT RO RU SD SE SI SK TT UA UZ VN

AU 9477203 A 950403 (9529)

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
WO 9507923	A1	WO 94-US9963	940831
AU 9477203	A	AU 94-77203	940831

FILING DETAILS:

PATENT NO	KIND		PATENT NO
AU 9477203	A	Based on	WO 9507923

PRIORITY APPLN. INFO: US 93-122795 930915
AN 95-131308 [17] WPIDS
AB WO 9507923 A UPAB: 950508
Synthetic RNA molecule (A) comprises: (1) a first ribozyme subunit

comprising (a) first and second flanking regions complementary (and hybridisable) to parts of an oncogene mRNA transcript 5-' and 3' respectively to the oncogene translocation junction; and (b) a catalytically active segment (CAS), between these flanking sequences which comprises a ribozyme able to cleave oncogene mRNA at or near the junction; and (2) two or more additional ribozyme subunits of similar construction also able to cleave oncogene mRNA (not necessarily at the junction).

USE - (A) are used to treat neoplasms characterised by presence of a hybrid oncogene resulting from a chromosomal translocation, esp. leukaemia. The patients' cells may be treated in vivo or cells (esp. from **bone marrow**) are **aspirated**, treated then returned to the patient. Also DNA encoding (A) is introduced into leukaemic cells e.g. by transfection, transduction with a **viral** vector or by micro-injection.

ADVANTAGE - This method makes possible treatment of leukaemia with autologous **bone** marrow transplants, avoiding the dangers of guest vs. host disease. Multiunit ribozymes are more effective than single unit ones, alone or in combination. Attachment to a binding molecule improves cellular uptake.

L124 ANSWER 4 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 94-309810 [38] WPIDS
DOC. NO. NON-CPI: N94-243584
DOC. NO. CPI: C94-140987
TITLE: Chronic osteomyelitis treatment for children - involves preliminary **evacuation** of post-operation **bone** cavity and subsequent irradiation with helium-neon laser through polyvinyl chloride drainage tube.
DERWENT CLASS: A96 P31
INVENTOR(S): ANASTASIU, M D; KAPLAN, E M; KAPLAN, M M
PATENT ASSIGNEE(S): (TSME) TASHK MED INST
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
SU 1816438	A1	930523	(9438)*		2

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
SU 1816438	A1	SU 90-4887729	901204

PRIORITY APPLN. INFO: SU 90-4887729 901204
AN 94-309810 [38] WPIDS
AB SU 1816438 A UPAB: 941115
The method comprises surgical treatment of the affected site and

subsequent action with a helium-neon laser. Polyvinyl chloride drainage elements are inserted into the corners of a **bone** cavity, and the **bone** cavity is **evacuated**. Then optical guides are introduced through the drainage elements, and laser radiation is applied for 5-15 minutes daily for 10-12 days.

Pathological tissue is **removed** from an exposed **marrow** canal using surgical instruments, and a **bone** cavity is treated with an electric saw. Blood and pus are **evacuated**, and the **bone** cavity is treated with antiseptic solutions. Two isolated drainage elements are arranged in the **bone** cavity corners, and the wound is sutured layer-by-layer.

USE - In orthopaedics and traumatology, for treatment of chronic osteomyelitis in children.

ADVANTAGE - Reduced treatment time is obtained.

Dwg.0/0

L124 ANSWER 5 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 94-102259 [13] WPIDS
DOC. NO. NON-CPI: N94-079794
TITLE: Motor-driven milling system esp. for hip joint prosthesis - has control system for using measured sound emission from **bone**, optical and/or acoustic signals and/or automatic interruption of process.
DERWENT CLASS: P31 P32 S05 X25
INVENTOR(S): SCHMIDT, J
PATENT ASSIGNEE(S): (SCHM-I) SCHMIDT J
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
DE 4231101	A1	940324	(9413)*		4

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
DE 4231101	A1	DE 92-4231101	920917

PRIORITY APPLN. INFO: DE 92-4231101 920917
AN 94-102259 [13] WPIDS
AB DE 4231101 A UPAB: 940517

The milling head (3) is fitted to the end of a sleeve (1) in an opening (2) which may take a variety of forms allowing operation of the head in one direction only. Rising and **evacuating** devices are installed in the sleeve or connected separately to the head.

The operation is controlled by a device which measures acoustic

emission from the **bone** under treatment and may be held, screwed or clamped to the **bone**.

USE/ADVANTAGE - Pref. in replacement of artificial hip joints, and facilitates orthopaedic surgery by milling, flushing and **suction**. Cement can be **removed** more quickly from **bone marrow** cavities or other sites without damage to **bone** even in unobservable regions.

Dwg.1/2

L124 ANSWER 6 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 93-336512 [42] WPIDS
CROSS REFERENCE: 96-425171 [42]
DOC. NO. NON-CPI: N93-260161
TITLE: **Bone** marrow biopsy needle with cutter/retainer at end - has cutting blades hinged at end of needle and coupled to actuator at proximal end to cut biopsy as required.
DERWENT CLASS: P31
INVENTOR(S): RUBINSTEIN, A I; RUBINSTEIN, D B
PATENT ASSIGNEE(S): (RUBI-I) RUBINSTEIN A I; (RUBI-I) RUBINSTEIN D B
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
WO 9319675	A1	931014	(9342)*		19
US 5462062	A	951031	(9549)		8

APPLICATION DETAILS:

PATENT NO	KIND		APPLICATION	DATE
WO 9319675	A1		WO 93-US3167	930402
US 5462062	A	CIP of	US 91-806486	911213
			US 92-863457	920406

PRIORITY APPLN. INFO: US 92-863457 920406; US 91-806486 911213
AN 93-336512 [42] WPIDS
CR 96-425171 [42]
AB WO 9319675 A UPAB: 970313

The needle has a sharp cutting edge and it is turned back from the distal end to from an inner cuff or flange. This inwardly bisected angled flange has a sharp edge and is immobile. Just behind the flange is a roughened region which improves retention of the biopsy core.

On the needle ar a pair of opposed hinges and a pair of sharp edged blades. As it is inserted into the patient, the needle receives the biopsy core.

ADVANTAGE - Cuts of biopsy from surrounding **marrow** before **withdrawal**.

Dwg.2/4
ABEQ US 5462062 A UPAB: 951211
An appts is provided for reactive metal deposition on a web of plastics film comprising: **vacuum** chamber; a number of spaced rollers; a supply roll for feeding a web to the rollers, a takeup roller; a number of metal vapour sources on a part of the web path whereafter the web reacts with it. The chamber so divided into two **press** zones with loops in the second of these and several passes through the first.

A mechanism is included for exciting the atmos. to promote reaction of the deposited metal. The rollers include upper and lower sets with the array arranged between them, some rollers being larger than others, such that the web curvature is minimized.

ADVANTAGE - High speed coatings.

Dwg.1/7

L124 ANSWER 7 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 93-153609 [19] WPIDS
DOC. NO. NON-CPI: N93-117470
TITLE: Shaft for hip prosthesis - has hole in direction of shaft axis allowing prosthesis to be implanted over drainage system of narrow space.
DERWENT CLASS: P32 P34
INVENTOR(S): SCHMIDT, J
PATENT ASSIGNEE(S): (MERE) MERCK PATENT GMBH
COUNTRY COUNT: 25
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
DE 4136317	A1	930506	(9319)*		4
WO 9308769	A1	930513	(9320)	EN	12
RW: AT BE CH DE DK ES FR GB GR IE IT LU MC NL SE					
W: AU CA CS HU JP KR US					
ZA 9208475	A	930728	(9336)		13
AU 9228044	A	930607	(9338)		
EP 565680	A1	931020	(9342)	EN	12
R: AT BE CH DE DK ES FR GB GR IE IT LI LU MC NL SE					
CZ 9301314	A3	940119	(9410)		
HU 64820	T	940328	(9417)		
AU 652294	B	940818	(9435)		
JP 06506859	W	940804	(9435)		
EP 565680	B1	970205	(9711)	EN	3
R: AT BE CH DE DK ES FR GB GR IE IT LI LU NL SE					
DE 69217354	E	970320	(9717)		
ES 2097366	T3	970401	(9720)		

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE

DE 4136317	A1	DE 91-4136317	911104
WO 9308769	A1	WO 92-EP2441	921024
ZA 9208475	A	ZA 92-8475	921103
AU 9228044	A	AU 92-28044	921024
EP 565680	A1	EP 92-922555	921024
		WO 92-EP2441	921024
CZ 9301314	A3	CZ 93-1314	921024
HU 64820	T	WO 92-EP2441	921024
		HU 93-1928	921024
AU 652294	B	AU 92-28044	921024
JP 06506859	W	WO 92-EP2441	921024
		JP 93-508126	921024
EP 565680	B1	EP 92-922555	921024
		WO 92-EP2441	921024
DE 69217354	E	DE 92-617354	921024
		EP 92-922555	921024
		WO 92-EP2441	921024
ES 2097366	T3	EP 92-922555	921024

FILING DETAILS:

PATENT NO	KIND		PATENT NO
AU 9228044	A	Based on	WO 9308769
EP 565680	A1	Based on	WO 9308769
HU 64820	T	Based on	WO 9308769
AU 652294	B	Previous Publ.	AU 9228044
		Based on	WO 9308769
JP 06506859	W	Based on	WO 9308769
EP 565680	B1	Based on	WO 9308769
DE 69217354	E	Based on	EP 565680
		Based on	WO 9308769
ES 2097366	T3	Based on	EP 565680

PRIORITY APPLN. INFO: DE 91-4136317 911104; WO 92-EP2441 921024

AN 93-153609 [19] WPIDS

AB DE 4136317 A UPAB: 931113

The drainage tube (3) is centrally anchored in a suitable narrow space stopper (plastics or spongiosa) and can also be further released. On the drainage tube can be applied a **vacuum suction** unit. The plastics **marrow** space stopper has a membrane on its upper contact surface for cement, which lets through fluid and air, but holds back the **bone** cement.

The **vacuum** applied to the drainage tube acts underneath the contact surface of the marrow space stopper with the cement block, and thus air and fluid from the marrow space is filtered above the marrow space stopper by the membrane or a spongiosa block.

USE/ADVANTAGE - To obviate **pressure** increase in the marrow space with hip total endoprosthesis.

Dwg.3/3

ABEQ WO 9308769 A UPAB: 931113
The drainage tube (3) is centrally anchored in a suitable narrow space stopper (plastics or spongiosa) and can also be further released. On the drainage tube can be applied a **vacuum** **suction** unit. The plastics **marrow** space stopper has a membrane on its upper contact surface for cement, which lets through fluid and air, but holds back the **bone** cement.

The **vacuum** applied to the drainage tube acts underneath the contact surface of the marrow space stopper with the cement block, and thus air and fluid from the marrow space is filtered above the marrow space stopper by the membrane or a spongiosa block.

USE/ADVANTAGE - To obviate **pressure** increase in the marrow space with hip total endoprosthesis.
Dwg.3/3

ABEQ ZA 9208475 A UPAB: 931122
The drainage tube (3) is centrally anchored in a suitable narrow space stopper (plastics or spongiosa) and can also be further released. On the drainage tube can be applied a **vacuum** **suction** unit. The plastics **marrow** space stopper has a membrane on its upper contact surface for cement, which lets through fluid and air, but holds back the **bone** cement.

The **vacuum** applied to the drainage tube acts underneath the contact surface of the marrow space stopper with the cement block, and thus air and fluid from the marrow space is filtered above the marrow space stopper by the membrane or a spongiosa block.

USE/ADVANTAGE - To obviate **pressure** increase in the marrow space with hip total endoprosthesis.

ABEQ EP 565680 A UPAB: 931202
The drainage tube (3) is centrally anchored in a suitable narrow space stopper (plastics or spongiosa) and can also be further released. On the drainage tube can be applied a **vacuum** **suction** unit. The plastics **marrow** space stopper has a membrane on its upper contact surface for cement, which lets through fluid and air, but holds back the **bone** cement.

The **vacuum** applied to the drainage tube acts underneath the contact surface of the marrow space stopper with the cement block, and thus air and fluid from the marrow space is filtered above the marrow space stopper by the membrane or a spongiosa block.

USE/ADVANTAGE - To obviate **pressure** increase in the marrow space with hip total endoprosthesis.
Dwg.3/3

ABEQ EP 565680 B UPAB: 970313
A prosthetic device for hip joint repair or replacement comprising a femoral prosthesis for implantation into the femoral **bone**, the stem (1) of said prosthesis being provided with a central borehole (2) in its longitudinal direction, a setting guide (3, 6, 9) fitting slidably into said central borehole (2), and a medullary cavity stopper (4) fitting into the lower part of the medullary

cavity, characterised in that (a) the core rod (3) of the setting guide (6) is designed as a drainage tube to which **vacuum** can be applied, (b) the medullary cavity stopper (4) is porous allowing the **vacuum** to act through said porous medullary cavity stopper, (c) there is a detachable fastening means between said drainage tube (3) and said medullary cavity stopper (4) allowing to fasten the distal end of the drainage tube to the central portion of the medullary cavity stopper.
Dwg.1/3

L124 ANSWER 8 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 92-163931 [20] WPIDS
DOC. NO. NON-CPI: N92-122948
DOC. NO. CPI: C92-075510
TITLE: Making specimen of bone marrow - by sucking bone marrow fluid from living body, using syringe contg. **diluent**, pipetting dilute marrow liq., centrifuging and removing supernatant liq..
DERWENT CLASS: B04 S03
PATENT ASSIGNEE(S): (OMRO) OMRON CORP
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
JP 04104036 A		920406	(9220)*		3

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
JP 04104036 A		JP 90-223858	900823

PRIORITY APPLN. INFO: JP 90-223858 900823
AN 92-163931 [20] WPIDS
AB JP04104036 A UPAB: 931006
Making specimen of **bone marrow** comprises **suctioning bone marrow** fluid from living body using syringe contg. a **diluent**, pipetting the dilute marrow liq. diluted by the **diluent** centrifuging the pipetted dilute marrow liq. and removing the supernatant liq. to collect a prescribed amt. of cells, smearing the collected cells centrifugally and Wright-staining the smeared cells.
USE/ADVANTAGE - For making specimen of bone marrow suitable by automatic classifying device. Uniformly dispersed specimen of bone marrow with little overlapping of cells is obtained without fluctuation by the technique of operators. (0/0)
0/0

L124 ANSWER 9 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD

ACCESSION NUMBER: 88-249643 [35] WPIDS
DOC. NO. NON-CPI: N88-190140
TITLE: **Suction** drainage **bone** screw - has continuous longitudinal bore through which medullary canal can be **evacuated** during **bone** cement application.
DERWENT CLASS: P31 P32 P34
INVENTOR(S): DRAENERT, K
PATENT ASSIGNEE(S): (DRAE-I) DRAENERT K
COUNTRY COUNT: 13
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
WO 8806023	A	880825	(8835)*	EN	21
RW: AT BE CH DE FR GB IT LU NL SE					
W: JP US					
EP 305417	A	890308	(8910)	EN	
R: AT BE CH DE FR GB IT LI LU NL SE					
JP 01502402	W	890824	(8940)		
US 5047030	A	910910	(9139)		
US 5192282	A	930309	(9312)		7
EP 305417	B1	950628	(9530)	EN	12
R: AT BE CH DE FR GB IT LI LU NL SE					
DE 3854067	G	950803	(9536)		

APPLICATION DETAILS:

PATENT NO	KIND		APPLICATION	DATE
WO 8806023	A		WO 88-EP122	880219
EP 305417	A		EP 88-901601	880219
US 5047030	A		US 90-541099	900620
US 5192282	A	Div ex	US 90-541099	900620
			US 91-756835	910909
EP 305417	B1		EP 88-901601	880219
			WO 88-EP122	880219
DE 3854067	G		DE 88-3854067	880219
			EP 88-901601	880219
			WO 88-EP122	880219

FILING DETAILS:

PATENT NO	KIND		PATENT NO
US 5192282	A	Div ex	US 5047030
EP 305417	B1	Based on	WO 8806023
DE 3854067	G	Based on	EP 305417
		Based on	WO 8806023

PRIORITY APPLN. INFO: DE 87-3705541 870220

AN 88-249643 [35] WPIDS
AB WO 8806023 A UPAB: 930923
The **bone** screw (10) has a continuous longitudinal bore in its interior , and one or several bores which contact the longitudinal bore (15). The tip of the thread of the screw is designed as a thread-forming screw. The screw is made of an extremely pure surgical steel or of titanium or a titanium alloy, and at least part of the screw is made of an absorbable material. The screw has an outer dia. of about 5 to 6.5 mm, a core dia. of about 4 to 5 mm, a thread pitch of about 1.5 to 2.5 mm and a thread length of about 15 to 25mm.

USE - For anchoring in a bore in a firm and **vacuum** -tight manner, as part of a bore cement application or drug-delivery system.

2A/5

ABEQ US 5047030 A UPAB: 930923
The **bone** screw comprises a threaded portion at a front end of the **bone** screw, the threaded portion having a core diameter. A tubular member is connected to the threaded portion, the tubular member having having a diameter greater than the core diameter of the threaded portion.

A sleeve portion is provided at a rear end of the tubular member opposite the threaded portion, the sleeve portion adapted to be engaged by a handle. A connection piece connect a **vacuum** line to the tubular member, the connection piece being provided at the rear end of the tubular member adjacent the sleeve portion.

USE - A **bone** screw to be firmly anchored in **bone** in an essentially **vacuum**-tight manner.

ABEQ US 5192282 A UPAB: 930923
The method provides **bone** screws each having a continuous bore establishing a communication canal between the first and second ends. Then inserting the first end of each **bone** screw into the **bone** such that each **bone** screw is firmly anchored in the **bone** in a **vacuum**-tight manner.

Finally delivering substances to or from the interior of the **bone** through the communication canal of each **bone** screw. The step of delivering substances includes the step of **removing** blood, fat and **bone marrow** from the interior of the **bone** through the communication canal of a first **bone** screw by **suction** drainage..

ADVANTAGE - Can be anchored in the **bone** in a firm and **vacuum**-tight manner.

2a/5

ABEQ EP 305417 B UPAB: 950804
A **bone** screw (1,10) being designed as a thread-forming screw and being threaded (2,12) to be firmly anchored in the **bone** in a **vacuum**-tight manner, the **bone** screw having a continuous longitudinal bore (3,15) in its interior and comprising a connection piece (5,22) adapted for receiving a **vacuum** line.

Dwg.1/5

L124 ANSWER 10 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 86-238799 [36] WPIDS
DOC. NO. NON-CPI: N86-178311
TITLE: Narrow puncture device - has piston carried by sample taking needle creating **vacuum-suction** moved forward under traction spring effect.
DERWENT CLASS: P31
PATENT ASSIGNEE(S): (BIOL-N) BIOLOGIE & IND SARL; (BROS-I) BROSSEL R
COUNTRY COUNT: 18
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
WO 8604805	A	860828	(8636)*	FR	22
RW: AT BE CH DE FR GB IT LU NL SE					
W: AU BR DK JP KR US					
FR 2577412	A	860822	(8640)		
AU 8655168	A	860910	(8649)		
EP 211918	A	870304	(8709)	FR	
R: AT BE CH DE FR GB IT LI LU NL SE					
BR 8605481	A	870422	(8719)		
ES 8705756	A	870801	(8735)		
JP 62502028	W	870813	(8738)		
DK 8604970	A	861017	(8747)		
US 4747414	A	880531	(8824)		
EP 211918	B	890726	(8930)	FR	
R: AT BE CH DE FR GB IT LI LU NL SE					
DE 3664558	G	890831	(8936)		

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
WO 8604805	A	WO 86-FR52	860220
EP 211918	A	EP 86-901410	850225
US 4747414	A	US 86-928245	861020
EP 211918	B	EP 86-901410	860220

PRIORITY APPLN. INFO: FR 85-2452 850220
AN 86-238799 [36] WPIDS
AB WO 8604805 A UPAB: 930922
The hollow needle (10) traverses the piston (2) and both move on a stroke that is sufficient for the needle to penetrate the **bone** to the marrow sample location. The rear part of the piston body (4) defines a closed chamber (16) on the side opposite that which is traversed by the needle.

The chamber receives sucked marrow via the needle under the **vacuum** formed as the piston moves from its first position at

needle retraction and its second position at needle projection. The needle and piston move forward under traction spring effect (12).

ADVANTAGE - causes less shock to patient and can be thrown away after use.

1/3

ABEQ EP 211918 B UPAB: 930922

Apparatus for **bone** marrow puncture comprising a needle (10) fused to a piston (2), the piston being capable of being displaced between a first and a second position in the interior of the barrel of the piston or tube (4), equipped with an anterior part, - this piston (2) being maintained in its first position against the action of means (12) exerting on it a force tending to drive it towards the second position by restraining means (6) liable to be externally controlled in order to release the movement of said piston under the action of the first means above-mentioned, - the needle (10) being entirely retracted within the interior of the anterior part of the said barrel of the piston (4) in the said first position, - the stroke of the piston being such that, when the anterior part of the instrument is placed and maintained by the operator directly or with the aid of an external system of support harnessed to this instrument against the body of the patient or at a specified distance from it, at the height of the **bone** which has to be pierced by the needle, the extremity of the needle should be capable of projecting from body of the piston at its end (32), in particular through a percussion cap (14) or something similar, passing through the thickness of the **bone** and reaching the area of the **bone** marrow where the sample is to be taken, when the piston will have been released from the braking mechanism (6) by the intermediary of means (22, 28) externally controlled, and traversing the piston (2), in the that the posterior part of the piston barrel, on the opposite side fo the piston that to which the needle is joined, defines a closed chamber (16), then allowing the **aspirated bone marrow** to be collected through the intermediary of the sampling needle, as a result of the effect of teh depression subsequently generated by the displacement of the piston from the first to the second position.

ABEQ US 4747414 A UPAB: 930922

A sampling needle (10) is fused to a piston which can be displaced within a piston barrel (4). A mechanism (6) releases the piston from a first position at which the needle is entirely withdrawn within the interior of the anterior part of the piston barrel to a second position at which the extremity of the needle is projected to the outside.

The stroke of the piston is sufficient for the needle to pierce the **bone** and reach the region of the **bone** marrow where sampling is to be carried out, when the anterior part (32) of the instrument is placed and maintained at the height of the appropriate **bone**. The posterior part of the piston barrel defines a closed chamber (16) for the collection of the **marrow** sample **aspirated** into this chamber under

the effect of the negative **pressure** generated by the displacement of the piston from the first to the second position.

USE - The instrument is for **bone** marrow puncture.

L124 ANSWER 11 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 84-317551 [51] WPIDS
DOC. NO. NON-CPI: N84-236878
TITLE: Cadaver **bone** marrow taking from bodies of vertebrae - by puncture of bodies of vertebrae from dorsal side.
DERWENT CLASS: P31
INVENTOR(S): KOKOULIN, B E; KRYAZH, E V
PATENT ASSIGNEE(S): (KIRO-R) KIROV BLOOD TRANSFU
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
SU 1090367	A	840507	(8451)*		2

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
SU 1090367	A	SU 82-3460300	820628

PRIORITY APPLN. INFO: SU 82-3460300 820628
AN 84-317551 [51] WPIDS
AB SU 1090367 A UPAB: 930925
The method is carried out using a wooden bolster 12 cm in diameter positioned consecutively under each part of the body where **bone** marrow is to be taken from the vertebrae, to move the spinous processes apart and the bodies of the vertebrae together. A needle is positioned between the spinous processes at an 80-90 degree angle to the skin and taken by twisting between the vertebrae to the canal, then slanted at 40-50 degrees and introduced by twisting into the body of the vertebra. Then the mandren is **removed** and **aspiration** of **bone marrow** performed by a system with a **vacuum** pump or syringe. Myeloexfusion from the body of the upper vertebra is performed by 2-3 punctures of the spongeous matter, then the direction of the needle changed to the lower vertebra without additional skin puncture.

USE - For obtaining of a large number of viable **bone** marrow cells. Bul.17/7.5.84
0/0

L124 ANSWER 12 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 82-11316E [06] WPIDS
TITLE: Treatment of osteomyelitis in intramedullary

osteosynthesis - involves **irrigating** **bone marrow** canal with iodoform soln. and **vacuum** draining.
DERWENT CLASS: A96 B05 P31
INVENTOR(S): BASKEVICH, M Y A; KAZAKOV, G M
PATENT ASSIGNEE(S): (TYUM-R) TYUMEN MEDICINE INS
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
SU 825018	B	810505	(8206)*		3

PRIORITY APPLN. INFO: SU 77-2461651 770301
AN 82-11316E [06] WPIDS
AB SU 825018 B UPAB: 930915
Treatment of osteomyelitis arising in intramedullary osteosynthesis involves general antibacterial therapy, **irrigation** of the **bone marrow** canal with a soln. of an antibacterial prepn. and **vacuum** draining, followed by the removal of the nail used to fix the **bone** fragments and then the performance of osteosynthesis outside the seat of the pathological condition.

To increase the effectiveness of treatment, the antibacterial preparation used to **irrigate** the **bone marrow** canal should be a soln. of iodoform. Also in the osteosynthesis outside the seat of injection, the **bone marrow** canal is **irrigated** additionally and **vacuum** draining performed. Defects in the soft tissues are sealed using waterproof film such as polyethylene to which a 5 per cent tincture of iodine has been applied.

Simultaneously, with the local treatment of the affected zone, general strengthening treatment, desensitising and immunotherapy are given, as is perorally and parenterally directed antibiotic therapy. Bul.16/30.4.81.

L124 ANSWER 13 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 81-G0088D [26] WPIDS
TITLE: Device for taking and transplanting **bone marrow** - has **suction** unit with concentric preservative supply and **bone marrow suction** channels equipped with monitors.
DERWENT CLASS: P34
INVENTOR(S): DUSHIN, I I; PUSHKAR, N S; ZAGOROVSKI, Y U I
PATENT ASSIGNEE(S): (ZAGO-I) ZAGOROVSKII YU I
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
SU 768400	B	801007	(8126)*		

PRIORITY APPLN. INFO: SU 78-2593250 780322
AN 81-G0088D [26] WPIDS
AB SU 768400 B UPAB: 930915
The device has mains for **suction** and preservative supply, joined to a **suction** unit (1) with concentric channels:inner channel (2) for preservative supply and outer channel (3) for **bone marrow** mixture **suction.** Inner channel (2) is joined by tube (4) through preservative quantity meter (5) and feed regulator (6) to a roller pump (7) joined by tube (8) to preservative container (9) whose air inlet tube (10) has a **bactericide** filter.

The preservative quantity meter (5) works by counting the rotations of the roller pump's rotor, given that the quantity of preservative expelled with each rotation is known. Regulators (6) regulates the number of rotations per unit of time. **Suction** unit (1)'s outer channel is joined by tube (11) to **bone** marrow mixture container (12) joined by tube (13) through dilution regulator (14) to **vacuum** pump (15). The dilution regulator (14) is in the form of bellows with electromagnetic core joined to the control unit. Bul.37/7.10.80.

L124 ANSWER 14 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 78-A1394A [01] WPIDS
TITLE: **Marrow extractor** and intra osseous injection instrument - Narrow extractor and intra osseous injection instrument.
DERWENT CLASS: P31
PATENT ASSIGNEE(S): (KIRO-R) KIROV BLOOD TRANSF
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
SU 548271	A	770405	(7801)*		

PRIORITY APPLN. INFO: SU 75-2301980 751223
AN 78-A1394A [01] WPIDS
AB SU 548271 A UPAB: 930901
The surgical instrument for the stabilisation of medullary specimen in the needle channel features a needle with a closed point (7) above which an opening (8) is made in the needle wall. After the placement of the hollow cylinder (9) in the cavity of tubular needle (6), the cannula (2) is fixed in housing (1) by nut (3), and the

hole (11) of the cylinder is closed by turning the handle (4).

The side channel (10) between the needle and the cylinder is then fitted with the stabilising solution together with the central channel (18), and the insertion depth limiter (13) is set to the required position. The needle is forced into the **bone** by pressing the turning handle (15) followed by connection of both the cannula (2) and channel (18) to a **vacuum** source.

Clockwise turn of handle (4) by 90 deg. opens up hole (11) so that the stabilising solution can be mixed with the medullary specimen drawn into the cannula (2). The amount of solution admitted is adjusted with a clamp on the plastic hose connected to nipple (17).

L124 ANSWER 15 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 76-H1092X [32] WPIDS
TITLE: **Bone marrow extraction** device - hollow needle linked to collection chamber and to preserving solution dosing chamber.
DERWENT CLASS: P34
PATENT ASSIGNEE(S): (AUCR-R) AS UKR CRYOGEN BIOL; (KHBL-R) KHARK BLOOD TRANSFUSION; (KHGE-R) KHARK GEN CASUALTY SURG
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
SU 487642	A	760119	(7632)*		

PRIORITY APPLN. INFO: SU 72-1769740 720410
AN 76-H1092X [32] WPIDS
AB SU 487642 A UPAB: 930901
The device for **bone marrow extraction** comprises collection unit, **vacuum** pump with receiver and control block. To prevent clotting of **bone** marrow and simultaneous dosing of preserving solution into the **bone** cavity, the solution feed unit has a preservative reservoir with equalising level sensors, linked to a control block and a tube system with an electromagnetic valve. The collection unit has a collector reservoir linked by tube to the **vacuum** pump receiver and level equalising sensors linked to the control block. A hollow needle is connected by tube to the collection chamber and also to the preserving solution dosing chamber.

L124 ANSWER 16 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 75-80982W [49] WPIDS
TITLE: **Marrow** cells **extn** from porous **bone** - giving better yield of cells capable of life.
DERWENT CLASS: A96 B04 C03

PATENT ASSIGNEE(S): (LEHA-R) LENGD HAEMATOLOGY
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
SU 454882	A	750328	(7549)*		

PRIORITY APPLN. INFO: SU 72-1778644 720524
AN 75-80982W [49] WPIDS
AB SU 454882 A UPAB: 930831
The pposed method is based on transverse-cutting of porous **bone** to give discs of thickness 1-5mm and then retracting the cells using a soln. contg. (% by wt.): polyvinyl pyrrolidone 8-12; saccharose 3.5-4.5; glucose 0.3-0.4; Trilon B 0.15-0.20; Levomycetin 0.005-0.010; double-distd. water to 100. The previous, more difficult, method used ground **bones**. The **bone** (e.g. rib or sternum free of soft fibres) is cut up into discs at room temp. under aseptic conditions and stored in sterile glass bottles contg. sterile universal soln. (contg. anticoagulant and cryo-conservant) of compsn. (% by wt.): vinyl pyrrolidone/crotonic acid copolymer 0.6-0.9; glycerine 2-5; saccharose 4-5; glucose 0.3-0.6; levomycetin 0.005-0.010; double-distd. water to 100. This soln. may be replaced by pposed extracting soln. The suspn. of extd. cells (after mechanical shaking) is filtered through capron before centrifuging 15 mins. at 4 degrees C and 1200 revs/min. Removal of top layer by **vacuum** leaves cell suspn. for storing in metal container and freezing.

L124 ANSWER 17 OF 17 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 75-34561W [21] WPIDS
TITLE: Medicaments contg **bone** marrow - isolated in the absence of air.
DERWENT CLASS: B04
PATENT ASSIGNEE(S): (SOUR-I) SOURON Y M F
COUNTRY COUNT: 4
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
DE 2452235	A	750515	(7521)*		
JP 50077515	A	750624	(7534)		
PT 63032	A	751218	(7603)		
FR 2276058	A	760227	(7616)		
FR 2278344	A	760319	(7619)		

PRIORITY APPLN. INFO: FR 73-40385 731108; FR 74-13856 740403; FR 74-23221 740628
AN 75-34561W [21] WPIDS
AB DE 2452235 A UPAB: 930831
A medicament for external use comprises (a) **bone marrow extracted** from the **bone** in an inert atmosphere (pref. N2) or in **vacuo**, and (b) opt. other components. When isolated in the absence of air, **bone** marrow has pharmacological properties not possessed by **bone marrow extracted** in the presence of air. e.g. it has an anti-inflammatory action, promotes the healing of open wounds and improves the condition of the blood. The other components can include disinfectants (e.g. alcohol), antioxidants, (e.g. tocopherol), cooking salt or sea salt, and plant extracts in homoeopathic dilutions. The medicament is pref. applied in the form of an ointment, a syrup or an aq. or oil suspension.

=> d l125 1-7 ti

L125 ANSWER 1 OF 7 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
TI Selective sepn. of cells from suspension using ligand-modified membrane - and release of retained cells by application of back **pressure**, e.g. for removing cancer cells and T lymphocytes from **bone** marrow grafts.

L125 ANSWER 2 OF 7 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
TI Gas propelled trocar needle driving instrument for driving into **bone** marrow of patient - has housing with centrally perforated partition, with frontal portion of housing forming cylinder containing piston, and rear portion having compressed gas bottle.

L125 ANSWER 3 OF 7 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
TI **Bone marrow extraction press** - has vertically movable table to which concentric cylinders are fixed, plus inner piston that acts on raw material to **press** liq. fraction via holes.

L125 ANSWER 4 OF 7 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
TI Study method for blood circulation within **bone** - by **extraction** and return of **bone-marrow** blood with observation of arterial **pressure** recovery times.

L125 ANSWER 5 OF 7 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
TI Squeezing method e.g. to **remove marrow** from **bones** - using piston and cylinder while gas is introduced into space.

L125 ANSWER 6 OF 7 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
TI **Bone** marrow transplant appts. - has electronically

controlled valve and fluid-flow control unit and replaces with intravenous solution while withdrawing blood.

L125 ANSWER 7 OF 7 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
TI **Bone** transplant prepn. by **washing marrow** with **pressurised** liq. - channels are drilled for liq. passage, in staggered pattern 8 MM away from one another.

=> d l125 1,3,5,7 ibib abs

L125 ANSWER 1 OF 7 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 97-165434 [15] WPIDS
DOC. NO. NON-CPI: N97-136183
DOC. NO. CPI: C97-053413
TITLE: Selective sepn. of cells from suspension using ligand-modified membrane - and release of retained cells by application of back **pressure**, e.g. for removing cancer cells and T lymphocytes from **bone** marrow grafts.
DERWENT CLASS: B04 C06 D16 S03
INVENTOR(S): COLTON, C K; POMIANEK, M J
PATENT ASSIGNEE(S): (MASI) MASSACHUSETTS INST TECHNOLOGY
COUNTRY COUNT: 19
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
WO 9707389	A1	970227	(9715)*	EN	30

RW: AT BE CH DE DK ES FI FR GB GR IE IT LU MC NL PT SE
W: CA JP

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
WO 9707389	A1	WO 96-US13361	960816

PRIORITY APPLN. INFO: US 95-2482 950818
AN 97-165434 [15] WPIDS
AB WO 9707389 A UPAB: 970410
A mixt. of two cell types (A,B) present in suspension is sepd. by: (i) contacting the suspension with a porous material (PM) carrying ligands (I) that can bind to (A) to form a PM-(I)-(A) complex; (ii) removing cells B from the PM; (iii) applying a back **pressure** across the complex to detach (A); and (iv) recovering the detached cells. More generally the use of back **pressure** to detach cells adsorbed on a PM is also new.
USE - The method is used for the sepn. of animal or plant cells or microorganisms present e.g. in blood, lymph and **bone marrow aspirate**. Typical applications are removal

of cancer cells and T lymphocytes from **bone** marrow grafts; selection of stem cells for marrow transplants or of specific white blood cell subpopulations for transfusion; selection of antigen-specific hybridomas or pancreatic islet cells; removal of HIV infected cells for treatment of AIDS; and isolation of stem cells from **bone** marrow or peripheral blood for treatment of malignancies and leukaemias.

ADVANTAGE - The method is very specific for a chosen cell type and most (esp. > 95%) of the detached cells are viable.

Dwg.2/3

L125 ANSWER 3 OF 7 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 92-298268 [36] WPIDS
DOC. NO. CPI: C92-133020
TITLE: **Bone marrow extraction press** - has vertically movable table to which concentric cylinders are fixed, plus inner piston that acts on raw material to **press** liq. fraction via holes.
DERWENT CLASS: D12
INVENTOR(S): CHIZHIKOV, E N; SYCHEVA, Z P; ZOTOV, B S
PATENT ASSIGNEE(S): (MOMO-R) MOSC MOSMYASOPROM MEAT IND COMBINE
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
SU 1694089	A1	911130	(9236)*		3

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
SU 1694089	A1	SU 88-4611272	881130

PRIORITY APPLN. INFO: SU 88-4611272 881130
AN 92-298268 [36] WPIDS
AB SU 1694089 A UPAB: 931006

Stand (1) has support plate (2) movable table (3) on which is vertical cylindrical (4) with holes (5) and pistons (6) that moves up/down inside cylinder. Fixed to table is extra cylinder (7), concentric to main one (4), forming circular gap (9) between their bottom parts. Holes are made as vertical slits (10) in circular gap zone. Cylinders are removably fixed to table.

USE/ADVANTAGE - As equipment to squeeze out liquid hard to separate fractions, e.g. in meat industry to **extract bone-marrow**. Prodn. is increased, sterility guranteed, and hygienic processing conditions improved.

Bul.44/30.11.91

2/2

L125 ANSWER 5 OF 7 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 85-162117 [27] WPIDS
DOC. NO. NON-CPI: N85-122242
DOC. NO. CPI: C85-070841
TITLE: Squeezing method e.g. to **remove** **marrow** from **bones** - using piston and cylinder while gas is introduced into space.
DERWENT CLASS: D12 P71
PATENT ASSIGNEE(S): (YAMA-I) YAMAGUCHI T
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
JP 60092098	A	850523	(8527)*		3

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
JP 60092098	A	JP 83-197654	831024

PRIORITY APPLN. INFO: JP 83-197654 831024
AN 85-162117 [27] WPIDS
AB JP60092098 A UPAB: 930925
When pressing out liquid from a substance put in a space surrounded by a piston and a cylinder, gas is introduced into the space.

Pref. a pipe is arranged connected to the space by perforating the piston and an inner pipe is arranged in the pipe. Openings to deliver the gas are formed on the pipe and on the inner pipe. When gas is not delivered through the pipes, the inner pipe is located at a position where the openings on the inner pipe are not aligned with the openings on the outer pipe so as not permit passage of fluid through the openings. Pref. a baffle body of spindle or conical shape is arranged in the space surrounded by piston and cylinder. Pref. means are provided to cause withdrawal of bottom of the cylinder when **pressure** in the space exceeds a certain value, to form a gap between the piston and the cylinder for the liq. and to deliver remained substance to outside of the cylinder.

USE/ADVANTAGE - Used to **press** out liq. contained in a substance by squeezing, and is partic. effective for pressing out marrow from compressed **bones** of birds, fish or animals or to separate fish meat from skin and scale of a fish.
0/4

L125 ANSWER 7 OF 7 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 82-D6208E [13] WPIDS
TITLE: **Bone** transplant prepn. by **washing** **marrow** with **pressurised** liq. -

channels are drilled for liq. passage, in staggered pattern 8 MM away from one another.

DERWENT CLASS: P31
INVENTOR(S): ERMAKOV, V I
PATENT ASSIGNEE(S): (GAID-I) GAIDUKOV A A
COUNTRY COUNT: 1
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
SU 839500	B	810626	(8213)*		2

Microfilm

PRIORITY APPLN. INFO: SU 78-2605514 780418
AN 82-D6208E [13] WPIDS
AB SU 839500 B UPAB: 930915
The **bone** transplant can be prepared by **bone marrow washing** out by a flowing liq. under **pressure**. To retain the **bone** transplant join surface, channels are drilled from the join sinew side to the **bone** marrow cavity. The liq. is then perfused through these channels. The channels diameter is 1.5 mm. The channels are staggered and are at 8 mm from each other. The base is first washed through with water at 50-55 deg. C for 2-3 days. The transplant is then washed through by 15-20% Perhydrol (R.T.M) at 50-55 deg.C Bul.23/23.6.81

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RECORDS LAST ADDED: 24 June 1997 (970624/ED)
CAS REGISTRY NUMBERS (R) LAST ADDED: 24 June 1997 (970624/UP)

=> d l126 1-22 ti so ab

L126 ANSWER 1 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI Incidence, significance, and kinetic mechanism responsible for leukemoid reactions in patients in the neonatal intensive care unit: A prospective evaluation.
SO Journal of Pediatrics 129 (3). 1996. 403-409. ISSN: 0022-3476
AB Objective: To prospectively investigate the incidence, significance, and kinetic mechanism responsible for leukemoid reactions in patients in the neonatal intensive care unit (NICU). Design: We prospectively studied all infants admitted to the NICU at the University of Florida

who, during a period of 12 consecutive months, had a leukemoid reaction. All those identified had a standardized evaluation consisting of (1) karyotype analysis, (2) **bacterial** cultures, (3) evaluations for toxoplasmosis, other (congenital syphilis and **viruses**), rubella, cytomegalovirus, and herpes simplex **virus**) (TORCH), (4) determination of blood viscosity, (5) use of **marrow aspirates** for morphology, clonogenic progenitor cell assays, and cell-cycle analysis of progenitors, (6) determination of serum concentrations of granulocyte and granulocyte-macrophage colony-stimulating factors, and (7) serial complete blood cell counts until the leukemoid reaction remitted. Results: During 12 months, 707 patients were admitted to the NICU and 4262 complete blood cell counts were performed on samples from these patients. A leukemoid reaction was identified in nine patients, all of whom were preterm (born at 24 to 38 weeks' gestation). Peak blood leukocyte concentrations were 51.7 +- 15.6 times 10-3/mu-l (mean +- SD). The leukemoid reactions were detected during the first 4 days of life in seven patients, on day 9 in one, and on day 25 in one. An abnormal karyotype (47,XY, +21) was present in one infant. Mothers of four infants had received betamethasone antenatally. None had elevated whole blood viscosity or positive findings on **bacterial** or TORCH evaluations. None of the bone marrow findings were consistent with steroid-induced leukocytosis; all studies indicated accelerated neutrophil production. Serum concentrations of granulocyte-macrophage colony-stimulating factor were either negligible or nondetectable. Serum granulocyte colony-stimulating factor was elevated in three patients, low in two, and nondetectable in four. The leukemoid reactions persisted for 5 to 32 days, the longest being in the patient with trisomy 21. Conclusions: Leukemoid reactions were not particularly rare in our NICU (1.3% of patients). The reactions were not associated with hyperviscosity and, except in one patient with a karyotype abnormality, were transient. The responsible kinetic mechanism was increased neutrophil production, not steroid-induced leukocytosis.

L126 ANSWER 2 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI Primary hepatic non-Hodgkin's lymphoma in children: A case report and review of the literature.
SO Medical and Pediatric Oncology 28 (5), 1997. 370-372. ISSN: 0098-1532
AB Non-Hodgkin's lymphomas presenting exclusively in the liver are rather uncommon in adults and extremely rare in children. We describe a six-year-old white boy with jaundice, abdominal pain, and weight loss of two weeks duration. Physical examination disclosed asthenia, jaundice, abdominal swelling large hepatomegaly, and ascitis. Aminotransferases, bilirubin, and alkaline phosphatase were significantly elevated. **Bone marrow aspiration**, cerebrospinal fluid, chest x-ray, renal function tests, and uric acid were normal. Abdominal **ultrasound** showed liver enlargement with irregular borders, many parenchymal

nodules in both liver lobes, a large hypoechogenic mass in the inferior segment of the liver, normal biliary ducts and two pancreatic nodules resembling those in the liver. Liver needle biopsy disclosed diffuse lymphomatous infiltration. Blast cells were positive for leukocyte common antigen (CD 45). Immunohistochemistry study for T or B cell lineage differentiation was not done. The child showed an excellent response to chemotherapy based on the BFM-83 protocol for B cell non-Hodgkin's lymphomas. The patient had his therapy discontinued in June 1995 and remains in first complete remission as of May 20th, 1996.

L126 ANSWER 3 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI Primary extramedullary plasmacytoma of the liver.
SO Journal of Clinical Pathology (London) 50 (1). 1997. 74-76. ISSN: 0021-9746
AB Extramedullary plasmacytoma of the liver is a rare tumour, only two cases of which have been reported so far. A third case arising in a 22 year old woman, who presented with abdominal pain and enlargement of the liver, is described. **Ultrasound** and a computed tomography scan showed a solitary hepatic mass, 12 cm diameter, involving both lobes of the liver. Serum immunoelectrophoresis revealed an IgG kappa monoclonal gammopathy. Histologically, the tumour was composed of mature plasma cells with mild atypia. The plasma cells infiltrated the liver parenchyma and showed kappa light chain restriction. The monoclonal nature of the tumour was also demonstrated by PCR amplification of the immunoglobulin heavy chain genes. There was no evidence of **bone** involvement and repeated **bone marrow aspirates** and biopsy specimens were normal. The patient was treated with eight courses of chemotherapy. One year after diagnosis, the patient is well, the size of the tumour has decreased and the paraproteinaemia has disappeared.

L126 ANSWER 4 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI Prospective evaluation of fever of unknown origin in patients infected with the human immunodeficiency **virus**.
SO European Journal of Clinical Microbiology & Infectious Diseases 15 (9). 1996. 705-711. ISSN: 0934-9723
AB The aim of this study was to determine the frequency and aetiology of fever of unknown origin (FUO) in patients infected with the human immunodeficiency **virus** (HIV), to assess the value of the tests used in its diagnosis, and to evaluate possible models of diagnosis for the causes found most frequently. One hundred twenty-eight (3.5%) of 3603 hospitalised HIV-positive patients evaluated from October 1992 to December 1993 had FUO, defined by established criteria. Eighty-six percent of patients with FUO had previously progressed to AIDS. The median CD4+ cell count was 46/mm-3. A definite diagnosis was made in 96 (75%) of the 128 patients and a possible diagnosis in 24 (18.7%), whilst no diagnosis was made in eight cases (6.2%). Tuberculosis (48.3%), visceral leishmaniasis (16%), and infection by Mycobacterium avium complex

(6.9%) were the diseases found most frequently. The most useful diagnostic tests were liver biopsy (68.9%) and **bone marrow aspirate**/biopsy (39.7%). It is not possible to predict clinically the cases of FUO due to tuberculosis, whilst thrombocytopaenia lt 100,000 cells/mm-3 alone is useful for differentiating the cases of visceral leishmaniasis, with a negative predictive value of 95.2%.

L126 ANSWER 5 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI Allergen-induced increase in bone marrow progenitors in airway hyperresponsive dogs: Regulation by a serum hemopoietic factor.
SO American Journal of Respiratory Cell and Molecular Biology 15 (3). 1996. 305-311. ISSN: 1044-1549
AB We have previously reported that bone marrow progenitors in dogs, specifically granulocyte-macrophage colony-forming units (GM-CFU), increase developing airway hyperresponsiveness after inhalation of the allergen Ascaris suum. In the present study, we evaluated whether this increased marrow hemopoietic activity can be stimulated by a factor in serum after allergen challenge. Serum samples taken from dogs prior to and 20 min, 2 h, and 24 h after Ascaris or **diluent** challenge were added to **bone marrow** cells **aspirated** prior to challenge, and GM-CFU measured. A second **bone marrow aspirate** was performed 24 h after challenge. Nonadherent mononuclear bone marrow cells were incubated for 8 days in the presence of the serum and recombinant canine hemopoietic cytokines (stem cell factor, granulocyte colony stimulating factor, GM colony-stimulating factor). Eight dogs that developed (airway responders) and eight dogs that did not develop (airway nonresponders) allergen-induced airway hyperresponsiveness were studied. Allergen inhalation increased bone marrow GM-CFU in response to all three growth media in vitro for the airway responder (P lt 0.05) but not airway nonresponder dogs. The 24-h serum, taken from the airway responder but not the airway nonresponder dogs, produced a similar increase in granulocyte progenitors when added to the bone marrow taken before allergen inhalation (P lt 0.05). These findings demonstrate that bone marrow-derived granulocyte progenitors are upregulated by a factor that can be shown to be present in serum 24 h after allergen challenge in dogs that develop allergen-induced airway hyperresponsiveness. Whether in vivo stimulation of bone marrow inflammatory cell production is necessary for the development of allergen-induced airway hyperresponsiveness remains to be proven.

L126 ANSWER 6 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI Mycobacterium avium complex (MAC) isolated from AIDS patients and the criteria required for its implication in disease.
SO Revista do Instituto de Medicina Tropical de Sao Paulo 37 (5). 1995. 375-383. ISSN: 0036-4665
AB Before the AIDS pandemia, the Mycobacterium avium complex (MAC) was responsible in most cases for the pneumopathies that attack patients with basic chronic pulmonary diseases such as emphysema and chronic

bronchitis. In 1981, with the advent of the acquired immunodeficiency syndrome (AIDS), MAC started to represent one of the most frequent **bacterial** diseases among AIDS patients, with the disseminated form of the disease being the major clinical manifestation of the infection. Between January 1989 and February 1991, the Section of Mycobacteria of the Adolfo Lutz Institute, Sao Paulo, isolated MAC from 103 patients by culturing different sterile and no-sterile processed specimens collected from 2304 patients seen at the AIDS Reference and Training Center and/or Emilio Ribas Infectology Institute. Disseminated disease was diagnosed in 29 of those patients on the basis of MAC isolation from blood and/or **bone marrow aspirate**. The other 74 patients were divided into categories highly (5), moderately (26) and little suggestive of disease (43) according to the criteria of DAVIDSON (1989). The various criteria for MAC isolation from sterile and non-sterile specimens are discussed.

L126 ANSWER 7 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI First case of disseminated Mycobacterium avium infection following chemotherapy for childhood acute myeloid leukemia.
SO Infection 23 (5). 1995. 301-302. ISSN: 0300-8126
AB A 14-year-old girl of Indian origin with acute myeloid leukemia (AML) is presented, who was diagnosed at the age of twelve. Antileukemic chemotherapy had to be discontinued after 6 weeks because of persistent high fever and the emergence of liver and spleen abscesses. Serologic and biopsy findings were consistent with disseminated candidiasis; however, a liver biopsy also revealed granulomatous lesions with caseous degeneration. No acid-fast **bacilli** could be detected. Upon antifungal treatment the patient's condition improved, but fever spells and high inflammatory blood parameters persisted. One year after the diagnosis of AML was established, Mycobacterium avium was cultured from **bone marrow aspirates**. The patient's cellular immunity was severely compromised at that time as reflected by the marked depression of T-lymphocyte counts, in particular of CD4-positive cells. HIV and other lymphotropic **virus** infections were subsequently excluded. After 5 months of specific treatment the patient recovered from mycobacterial infection and remains in first remission of AML. Opportunistic infections have rarely been diagnosed in oncologic patients to date, while data on T-cell function in AML is sparse. Fever of unknown origin should prompt the search for infectious agents unusual to date in this patient group.

L126 ANSWER 8 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI Hematologic and growth-related effects of frequent prenatal **ultrasound** exposure in the long-tailed macaque (Macaca fascicularis).
SO Ultrasound in Medicine and Biology 21 (8). 1995. 1073-1081. ISSN: 0301-5629
AB Prior investigations have shown that reduced birth weights and transient neutropenias result from frequent exposure of monkey

fetuses to **ultrasound**. To further explore these findings, 26 animals were studied (16 exposed, 10 controls; "triple mode"; ATL Ultramark 9 with HDI; I-SPTAd apprx 645 to 714 mW/cm-2). Exposures were performed daily for 5 days each week from gestational days (GD) 21 to 35 (5 min), three times weekly from GD 36 to 60 (5 mi), then weekly from GD 61 to 153 +- 1 (10 min). Fetal blood samples (FBS) were collected for complete blood counts (CBCs), hematopoietic progenitor assay, circulating insulin-like growth factors (IGF-I, IGF-II) and binding proteins (IGFBP-3) (GD 120, 140, 153 +- 1). Animals were delivered by Cesarean section at term (GD 153 +- 1), and body weights, morphometrics, CBCs, and **bone marrow aspirates** assessed at delivery and postnatally for 3 months. Fetal neutropenias were noted in exposed animals in addition to reduced circulating progenitors (colony forming unit-granulocyte-macrophage (CFU-GM)). Growth of CFU-GM from **bone** marrow was exuberant at term, whereas circulating levels were diminished comparable to prenatal samples. Exposed animals were smaller at birth; marked reductions in IGFBP-3 were noted prenatally. These data suggest that frequent prenatal **ultrasound** exposure can transiently alter the neutrophil lineage, although these findings may be the result of enhanced margination and organ sequestration. Data also suggest that transient, altered growth patterns may be due to perturbations of the IGF axis.

L126 ANSWER 9 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI Sensitive detection of numerical and structural aberrations of chromosome 1 in neuroblastoma by interphase fluorescence in situ hybridization: Comparison with restriction fragment length polymorphism and conventional cytogenetic analyses.
SO International Journal of Cancer 61 (2): 1995. 185-191. ISSN: 0020-7136
AB Chromosome I abnormalities are indicators of prognosis in neuroblastoma (NS) but are not yet routinely exploited because conventional methods are technically demanding. We evaluated the pertinence of interphase cytogenetics fluorescence in situ hybridization (FISH) for the analysis of chromosome 1 in NS, compared with conventional methods. Deletion of 1p was detected in 8 of 9 cell lines analyzed by both FISH and restriction fragment length polymorphism (RFLP), but was evidenced in only 2 cases by conventional cytogenetics, painting analysis being required to reveal the other cases. The chromosome 1 number evaluated by FISH reflected the total chromosome modal number obtained by cytogenetics. Twenty-eight specimens obtained from **ultrasound**-guided punctures, surgical biopsies of the primary tumor and **bone-marrow aspirates** were studied by FISH on frozen cytocentrifuged smears; 12 had a chromosome 1 trisomy and 16 a disomy. Requirements for a reliable control analysis of 1p deletion by RFLP were met in only 23 cases. The retention of 2 alleles was observed in 15 cases and 1p deletion in 7, by both techniques. In one case, an interstitial deletion of 1p was evidenced only by RFLP, and one of 5 cases analyzed only by FISH had a 1p deletion. Although FISH

might be improved by using additional probes, it presents major advantages for routine exploitation. Determining 1p deletion in individual cells makes it possible to analyze small and heterogeneous tumoral specimens; the technique requires only a few hours and can easily be standardized in non-specialized laboratories. The number of chromosome 1 homologues per cell might serve as a rapid screening for ploidy.

L126 ANSWER 10 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI A randomized, placebo-controlled trial of recombinant human granulocyte colony-stimulating factor administration in newborn infants with presumed sepsis: Significant induction of peripheral and **bone** marrow neutrophilia.
SO Blood 84 (5). 1994. 1427-1433. ISSN: 0006-4971
AB Host defenses in the human neonate are limited by immaturity in phagocytic immunity. Such limitations seem to predispose infected newborns to neutropenia from an exhaustion of the neutrophil reserve. Among the critical defects thus far identified in neonatal phagocytic immunity is a specific reduction in the capacity of mononuclear cells to ex- **press** granulocyte colony-stimulating factor (G-CSF) after stimulation. However, the safety, pharmacokinetics, and biological efficacy of administration of recombinant human (rh)G-CSF to infected human newborns to compensate for this deficiency is unknown. Forty-two newborn infants (26 to 40 weeks of age) with presumed **bacterial** sepsis within the first 3 days of life were randomized to receive either placebo or varying doses of rhG-CSF (1.0, 5.0, or 10.0 mu-g/kg every 24 hours (36 patients) or 5.0 or 10.0 mu-g/kg every 12 hours (6 patients)) on days 1, 2, and 3. Complete blood counts with differential and platelet counts were obtained at hours 0, 2, 6, 24, 48, 72, and 96. Circulating G-CSF concentrations were determined at hours 0, 2, 6, 12, 14, 16, 18, 24, and 36. Tibial **bone marrow aspirates** were obtained after 72 hours for quantification of the **bone** marrow neutrophil storage pool (NSP), neutrophil proliferative pool, granulocyte progenitors, and pluripotent progenitors. Functional activation of neutrophils (C3bi expression) was determined 24 hours after rhG-CSF or placebo administration. Intravenous rhG-CSF was not associated with any recognized acute toxicity. RhG-CSF induced a significant increase in the blood neutrophil concentration 24 hours after the 5 and 10 mu-g/kg doses every 12 and 24 hours and it was sustained as long as 96 hours. A dose-dependent increase in the NSP was seen following rhG-CSF. Neutrophil C3bi expression was significantly increased at 24 hours after 10 mu-g/kg every 24-hour dose of rhG-CSF. The half-life of rhG-CSF was 4.4 +- 0.4 hours. The rhG-CSF was well tolerated at all gestational ages treated. The rhG-CSF induced a significant increase in the peripheral blood and **bone** marrow absolute neutrophil concentration and in C3bi expression. Future clinical trials aimed at improving the outcome of overwhelming **bacterial** sepsis and neutropenia in newborn infants might include the use of rhG-CSF.

L126 ANSWER 11 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI Primary meningeal extraosseous Ewing's sarcoma: Case report.
SO Neurosurgery (Baltimore) 35 (1). 1994. 143-147. ISSN: 0148-396X
AB A 25-year-old man presented with a suspected right-sided subdural hematoma after a skiing accident. A large hemorrhagic mass was found and was **evacuated**. Histological studies demonstrated a highly cellular neoplasm with extensive hemorrhage. Further histological, immunohistochemical (including staining for Ewing's sarcoma cell surface antigen), and ultrastructural analyses of the tumor were consistent with Ewing's sarcoma. Search for other foci of this neoplasm by **bone** scan, full body computed tomographic scans, magnetic resonance imaging scans of the spine, and a **bone marrow aspiration** with biopsy failed to detect any soft tissue or bony involvement outside the cranium. This case appears to represent the first report of a primary extraosseous Ewing's sarcoma occupying the cranial subdural area.

L126 ANSWER 12 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI Diagnostic utility of bone **marrow** core biopsy, **bone marrow aspiration** with culture, and lysis centrifugation blood culture in HIV patients with fever of unknown origin.
SO Thirty-fifth Annual Meeting of the American Society of Hematology, St. Louis, Missouri, USA, December 3-7, 1993. Blood 82 (10 SUPPL. 1). 1993. 624A. ISSN: 0006-4971

L126 ANSWER 13 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI EVALUATION OF THE BIOEFFECTS OF PRENATAL **ULTRASOUND** EXPOSURE IN THE CYNOMOLGUS MACAQUE MACACA-FASCICULARIS III. DEVELOPMENTAL AND HEMATOLOGIC STUDIES.
SO TERATOLOGY 47 (2). 1993. 159-170. CODEN: TJADAB ISSN: 0040-3709
AB The multiple applications of diagnostic **ultrasound** in obstetrics have resulted in a continued rise in the prenatal population exposed each year. Although human epidemiologic and experimental studies with various animal models have not consistently documented any significant, reproducible findings related to clinically relevant exposures, technologic changes in scanning equipment and gaps in our knowledge regarding the interaction(s) of **ultrasound** with tissues emphasize the need to pursue safety issues. Studies with nonhuman primates have provided information on the potential for pre and postnatal effects on offspring exposed repeatedly during gestation (ATL MK 600; 7.5 MHz, ISPTA = 27 mW/cm2; ISPPA = 85 W/cm2; Estimated power = 12 mW-scanned for 10 min 5 times weekly gestatoinal day [GD] 20-35; 3 times weekly GD 36-60; once weekly for 20 min GD 60-150). These studies have indicated transient effects on body weight, white blood cell counts (WBCs) and muscle tone postnatally. In an effort to confirm these findings and focus on hematologic changes, a second series of studies was initiated using the same exposure conditions (N = 22; 11 exposed, 11 sham controls). Data derived from both studies were combined and confirmed transient reductions in body weights for infants up through 4 months of age (P

.ltoreq. 0.03); no statistically significant differences in muscle tone were noted. Similar to the original findings, WBCs were transiently reduced on days 3 (P .ltoreq. 0.20) and 21 (P .ltoreq. 0.05); prenatal sampling indicated a significant difference between the groups on GD 140 (P .ltoreq. 0.04). No direct effects were evident in **bone marrow aspirates** collected on postnatal days, 3, 9, and 21 .+-. 1. Although animals were able to compensate for these observed changes and remained unaffected by their occurrence, additional studies will be required to further our understanding of this phenomenon.

L126 ANSWER 14 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI REFRACTILE MYCOBACTERIA IN ROMANOWSKY-STAINED BONE MARROW SMEARS A COMPARISON OF ACID-FAST-STAINED TISSUE SECTIONS AND ROMANOWSKY-STAINED SMEARS.
SO AM J CLIN PATHOL 97 (3). 1992. 318-321. CODEN: AJCPAI ISSN: 0002-9173
AB The appearance of mycobacteria was studied in Wright-stained bone marrow preparations of human immunodeficiency **virus** -infected patients and compared with acid-fast-stained trephine biopsy sections and culture results. Mycobacterium avium complex in Romanowsky-stained preparations may be seen as extracellular and intracellular clear or red refractile beaded rods and nonrefractile "negative images." Refractile mycobacteria were seen in 17 of 20 culture-positive cases. Acid-fast stain of the trephine biopsy demonstrated organisms in only 11 of the 20 cases. Thus, six cases were culture positive and contained refractile rods but had no acid-fast organisms on the trephine biopsy. No false-positive results were seen with Romanowsky stain; the three false-negative results for refractility also were negative with acid-fast stain. Examination of Romanowsky-stained smears or imprints for refractile mycobacteria provides a reliable and sensitive method to identify mycobacteria in this population. Romanowsky-stained **bone marrow aspirate** and imprint smears should be examined for refractile **bacilli** when mycobacterial infection is suspected.

L126 ANSWER 15 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI HEMATOGENOUS DISSEMINATION OF MYCOBACTERIUM-TUBERCULOSIS IN PATIENTS WITH AIDS.
SO REV INFECT DIS 13 (6). 1991. 1089-1092. CODEN: RINDDG ISSN: 0162-0886
AB Proof of hematogenous dissemination of Mycobacterium tuberculosis was initially reported in the early 1900s and was noted to be most frequent in patients with miliary tuberculosis. More recently, M. tuberculosis **bacteremia** has been reported in human immunodeficiency **virus** (HIV)-infected patients. We describe 13 adult HIV-infected patients in whom hematogenous M. tuberculosis dissemination was evident. Although for most patients whose **bone marrow aspirate** cultures yielded M. tuberculosis a chest roentgenogram revealed a miliary pattern, roentgenograms for those with M. tuberculosis **bacteremia**

usually revealed evidence of lobar or diffuse infiltrates. Most patients with M. tuberculosis **bacteremia** had other risk factors for M. tuberculosis, and many had a rapid death, suggesting acute fulminant infection. Our own experience suggests that there are various syndromes associated with hemotogenous dissemination in patients infected with M. tuberculosis.

L126 ANSWER 16 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI PROGNOSTIC SIGNIFICANCE OF CARCINOMA CELLS IN **BONE** MARROW OF BREAST CANCER PATIENTS.
SO GEBURTSH FRAUENHEILKD 50 (12). 1990. 923-928. CODEN: GEFRA2 ISSN: 0016-5751
AB In 95% of patients with primary breast cancer, the extent of metastases cannot be proven by conventional methods. Nevertheless, more than 50% of by these patients have a relapse within five years. To improve the predictive value for recurrency, we examined **bone marrow aspirates** of 128 patients with primary breast cancer. **Bone marrow aspirates** from 2-6 sites of the skeleton (iliac crest and sternum) were taken as well as biopsies for histological examination. The immunohistochemical studies were carried out on interphase smears and stained with cytoceratin antibodies (PKK 1) and antibodies against tumor-specific antigen TAG 12 (12 H12). All patients were screened for distant metastases (X-ray, **ultrasound**, **bone** scan). Tumor cells and micrometastases in **bone** marrow were detected in 41 patients (32%). Their presence was correlated to other prognostic factors (tumor size, lymph node status, oestrogen/progesterone receptors). The median duration of follow-up was 39.5 months. 14 patients (45%) in the tumor cell positive group relapsed, compared to only 4 out of 36 patients in the tumor cell negative group. In 29% we found **bone** metastases. The relapse free interval was shorter for patient with micrometastases (8 vs. 15.8 months). The presence of tumor cells in **bone marrow aspirates** detected at the time of primary surgery, is a useful prognostic factor and a good predictor of metastases and may help in selecting patients for systemic adjvuant treatment.

L126 ANSWER 17 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI BUFFY COAT TRANSFUSIONS IN NEUTROPENIC NEONATES WITH PRESUMED SEPSIS A PROSPECTIVE RANDOMIZED TRIAL.
SO PEDIATRICS 80 (5). 1987. 712-720. CODEN: PEDIAU ISSN: 0031-4005
AB Neonatal sepsis, accompanied by neutropenia, is associated with a high mortality. To determine whether granulocyte transfusions improve the survival of critically ill neutropenic infants, we prospectively randomized 25 infants to transfusion and nontransfusion groups, matching for birth weight (.ltoreq. 1,500 g or > 1,500 g). Infants with necrotizing enterocolitis were randomized separately. Neutropenia was established by two successive absolute neutrophil counts .ltoreq. 1,500 cells prior to randomization. The transfusion (n = 12) and nontransfusion (n = 13) groups did not differ with

respect to clinical or hematologic characteristics. In 23 of 25, **bone marrow aspirations** were performed to determine the percentage of neutrophil storage pool. Granulocyte transfusions of buffy coats from single units of whole blood (0.1 to 0.9 .times. 109 polymorphonuclear leukocytes per kilogram) were given daily until the absolute neutrophil count increased to more than 1,500/.mu.L. Only five infants, mostly those with necrotizing enterocolitis, required more than one transfusion. A circulating immature to total neutrophil ratio (I:T) .gtoreq. 0.80 was not predictive of an infant with a neutrophil storage pool .ltoreq. 7%, and neither an I:T < 0.80 nor a neutrophil storage pool > 7% were predictive of survival. Granulocyte transfusions did not improve survival when either comparing the whole group, those 17 infants with cultures positive for **bacteria** or **viruses**, the 19 infants with a circulating I:T .gtoreq. 0.80, or the nine infants with a neutrophil storage pool .ltoreq. 7%. We conclude that the efficacy of buffy coat transfusions remains questionable and recommend that additional studies be performed prior to routine clinical application.

L126 ANSWER 18 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI MICROANGIOPATHIC HEMOLYTIC ANEMIA AS A DIAGNOSTIC CLUE TO UNSUSPECTED MALIGNANCY IN A YOUNG GIRL.
SO INDIAN J CANCER 22 (3). 1985 (RECD. 1986). 233-238. CODEN: IJCAAR ISSN: 0019-509X
AB Micro angiopathic haemolytic anaemia with features of chronic disseminated intravascular coagulation is described in a young girl. Sternal body **marrow aspiration** revealed metastatic malignant cells whose primary site could not be identified from their morphology or by radiological, **ultrasound**, CAT scan or isotope scans of various organs. The literature on Microangiopathic Haemolytic Anaemia (MAHA) in association with malignant growth is reviewed which shows the relative rarity of this association, especially MAHA as the sole presenting feature of an occult malignancy.

L126 ANSWER 19 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI THE DIAGNOSIS AND STAGING OF NEURO BLASTOMA.
SO CLIN RADIOL 34 (5). 1983. 523-527. CODEN: CLRAAG ISSN: 0009-9260
AB Cases [45] of neuroblastoma [in children] were reviewed to assess the value of current diagnostic methods. Urinary catecholamine and 3-methoxy-4-hydroxymandelic acid levels were elevated in only 48 and 60% of cases, respectively. All abdominal or pelvic tumor masses were detected by i.v. urography, **ultrasound** or computed tomography (CT): CT was the best single investigation but the 2 less expensive techniques detected most of the tumors. Trephine biopsy was more successful than **aspiration** in detecting **bone marrow** metastases. Liver scintigraphy was positive in 6 of 7 cases with hepatic secondaries.

L126 ANSWER 20 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS

TI DIAGNOSTIC PROCEDURES FOR EVALUATION OF SARCOMAS OF SOFT TISSUE AND **BONE** IN CHILDHOOD.
SO GREGORIC, F. I. (ED.). NATIONAL CANCER INSTITUTE MONOGRAPHS, NO. 56. SARCOMAS OF SOFT TISSUE AND BONE IN CHILDHOOD; SYMPOSIUM, ORLANDO, FLA., USA, JAN. 25-27, 1979. XI+314P. US DEPARTMENT OF HEALTH AND HUMAN SERVICES, NATIONAL CANCER INSTITUTE, BETHESDA, MD., USA (AVAILABLE AS NIH PUBLICATION NO. 81-2162 FROM SUP. OF DOC., US GOV. PRINTING OFF., WASHINGTON, D.C.). ILLUS. 0 (0). 1981. P3-8. CODEN: NCIMAV ISSN: 0083-1921

L126 ANSWER 21 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI THE VASCULAR SYSTEM OF **BONE** MARROW.
SO SCANNING ELECTRON MICROSC 1980 (4). 1980 (RECD. 1981). 113-122. CODEN: SEMYBL ISSN: 0586-5581
AB The arterial and the **low pressure** system of the **bone** marrow can be demonstrated by micro-corrosion casts using resins of low viscosity in rats. Vascular **bone** specimens are obtained by injection of self-curing resin and through subsequent maceration. The 3-dimensional representation of the vascular pattern in **bone** marrow in the scanning electron microscope enriches the interpretation of morphology and function of the **low pressure** system. The nutrient arteries enter the medullary canal and then progress in a spiral form branching into the metaphysis. The arterioles arise from the smaller arteries and divide into smaller arterial capillaries which then drain into sinusoids which were conically enlarged. The 3-dimensional and often hexagonal arrangement of the vascular framework is very evident. Increasing in width, the **marrow** sinusoids **drain** into wider veins and lastly into the central venous canal. Apart from these medullary sinusoids, finely calibered thin-walled venous capillaries in a regularly anastomosing network can be found as an indication that the wide medullary sinusoids are to be considered as a functional state of active **bone** marrow.

L126 ANSWER 22 OF 22 BIOSIS COPYRIGHT 1997 BIOSIS
TI MARROW REGENERATION AFTER MECHANICAL DEPLETION.
SO BLOOD 48 (5). 1976 679-686. CODEN: BLOOAW ISSN: 0006-4971
AB The origin of marrow regeneration after mechanical depletion was reinvestigated in mouse chimeras. The results were compatible with the local origin of stem cells from remnants of incompletely **removed marrow**, but not with their origin from a common precursor of both **bone** and hemopoietic cell lines. In transplanted femurs depleted by a modified technique of in vivo **evacuation** of marrow, hemopoietic regeneration failed to occur. The presence of hemopoietic stem cells in the Haversian canals was excluded. The demonstration of ample hemopoiesis with minimal **bone** formation in nondepleted controls in which **bone** marrow initially became necrotic provided new evidence that osteogenesis was not a prerequisite of hemopoietic regeneration.

=> d l127 1-14 ti

L127 ANSWER 1 OF 14 BIOSIS COPYRIGHT 1997 BIOSIS
TI Efficacy and safety of intravenous midazolam and ketamine as sedation for therapeutic and diagnostic procedures in children.

L127 ANSWER 2 OF 14 BIOSIS COPYRIGHT 1997 BIOSIS
TI Ketamine-midazolam versus meperidine-midazolam for painful procedures in pediatric oncology patients.

L127 ANSWER 3 OF 14 BIOSIS COPYRIGHT 1997 BIOSIS
TI The Use of Oral Transmucosal Fentanyl citrate for Painful Procedures in Children.

L127 ANSWER 4 OF 14 BIOSIS COPYRIGHT 1997 BIOSIS
TI Secondary hypoplastic anemia in patients with familial amyloidotic polyneuropathy.

L127 ANSWER 5 OF 14 BIOSIS COPYRIGHT 1997 BIOSIS
TI MIDAZOLAM FOR CONSCIOUS SEDATION DURING PEDIATRIC ONCOLOGY PROCEDURES SAFETY AND RECOVERY PARAMETERS.

L127 ANSWER 6 OF 14 BIOSIS COPYRIGHT 1997 BIOSIS
TI **BONE** MARROW PEROXIDASES OF SPONTANEOUSLY HYPERTENSIVE RATS.

L127 ANSWER 7 OF 14 BIOSIS COPYRIGHT 1997 BIOSIS
TI EXTRACRANIAL DISSEMINATIONS.

L127 ANSWER 8 OF 14 BIOSIS COPYRIGHT 1997 BIOSIS
TI AN OBSERVATION SCALE FOR MEASURING CHILDREN'S DISTRESS DURING MEDICAL PROCEDURES.

L127 ANSWER 9 OF 14 BIOSIS COPYRIGHT 1997 BIOSIS
TI RAPID DETECTION OF VENOUS AIR EMBOLISM BY MASS SPECTROMETRY DURING **BONE** MARROW HARVESTING.

L127 ANSWER 10 OF 14 BIOSIS COPYRIGHT 1997 BIOSIS
TI A CASE OF REACTIVE HEMORRHAGIC THROMBOCYTOSIS ACCOMPANIED WITH A TRANSIENT CEREBRAL ISCHEMIC ATTACK REQUIREMENT OF CHALYBEAT TREATMENT.

L127 ANSWER 11 OF 14 BIOSIS COPYRIGHT 1997 BIOSIS
TI RADIO SENSITIVITY OF THE ORGANISM EXPOSED IN A MODIFIED GAS MEDIUM 4. COMPARATIVE STUDY OF THE EFFECT OF NORMAL **PRESSURE** OXYGEN BREATHING ON PROLIFERATIVE ACTIVITY OF HEMOPOIETIC TISSUES AND EPITHELIAL CELLS OF THE SMALL INTESTINE.

L127 ANSWER 12 OF 14 BIOSIS COPYRIGHT 1997 BIOSIS
TI THE EFFECT OF JOINT POSITION ON JUXTAARTICULAR **BONE** MARROW **PRESSURE** RELATION TO INTRA ARTICULAR **PRESSURE** AND JOINT EFFUSION AN EXPERIMENTAL STUDY ON HORSES.

L127 ANSWER 13 OF 14 BIOSIS COPYRIGHT 1997 BIOSIS
TI INHIBITION BY ARABINOSYL CYTOSINE OF DNA SYNTHESIS IN **BONE** MARROWS OF RELAPSED ACUTE MYELOGENOUS LEUKEMIA PATIENTS.

L127 ANSWER 14 OF 14 BIOSIS COPYRIGHT 1997 BIOSIS
TI POLY AMINE CONCENTRATIONS IN **BONE MARROW** **ASPIRATES** OF CHILDREN WITH LEUKEMIA AND OTHER MALIGNANCIES.

=> d l127 9 ti so ab

L127 ANSWER 9 OF 14 BIOSIS COPYRIGHT 1997 BIOSIS
TI RAPID DETECTION OF VENOUS AIR EMBOLISM BY MASS SPECTROMETRY DURING **BONE** MARROW HARVESTING.
SO EXP HEMATOL (N Y) 13 (7). 1985. 639-640. CODEN: EXHMA6 ISSN: 0301-472X
AB An episode of venous air embolism occurred in a 13-year-old girl undergoing **bone** marrow harvest for an autologous **bone** marrow transplant. The diagnosis was suspected with the sudden appearance of tachycardia and a new heart murmur during inadvertent application of positive **pressure** to **marrow aspiration** needles. Decreased carbon dioxide and increased nitrogen content of end-tidal expiratory gases was detected by continuous mass spectrometric monitoring. Cessation of faulty aspiration technique and application of positive end expiratory **pressure** with 100% oxygen prevented a potentially fatal complication. Venous air embolism may complicate **bone** marrow harvest. Mass spectrometric monitoring of end-tidal gases is useful for rapid, early detection of this complication.

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L129 ANSWER 1 OF 9 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI [**Resolutive** pancytopenia with effective treatment of hyperthyroidism].
PANCYTOPENIE **RESOLUTIVE** PAR LE TRAITEMENT D'UNE HYPERTHYROIDIE.
SO Presse Medicale, (1995) 24/17 (807-810).
ISSN: 0755-4982 CODEN: PRMEEM
AB Hyperthyroidism can be associated with various haematological disorders related to several mechanisms. These disorders might be

related to the reduced life-span of whole blood components and/or to an autoimmune mechanism. Only one case of pancytopenia has yet been reported. The observation of 3 new personal cases (1 toxic adenoma and 2 Graves' disease) led us to review the pathogeny of haematological disorders found in hyperthyroidism. Only one patient had antineutrophil autoantibodies. Direct and indirect Coomb's test, and Dixon's test were negative. In all patients, **bone marrow aspiration** was unable to demonstrate pernicious anaemia or myelodysplastic syndrome. Two patients presented cytological signs of macrophage activation with eosinophilia. These cytological features were compatible with an immuno-allergy mechanism. All haematological disorders disappeared when patients became euthyroid. In all cases, the haematological abnormalities were quite mild and might have gone unnoticed. Thus, it can be suggested that the frequency of pancytopenia in hyperthyroidism is underestimated.

L129 ANSWER 2 OF 9 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Primary meningeal extraosseous Ewing's sarcoma: Case report.
SO NEUROSURGERY, (1994) 35/1 (143-147).
ISSN: 0148-396X CODEN: NRSRDY
AB A 25-YEAR-OLD man presented with a suspected right-sided subdural hematoma after a skiing accident. A large hemorrhagic mass was found and was **evacuated**. Histological studies demonstrated a highly cellular neoplasm with extensive hemorrhage. Further histological, immunohistochemical (including staining for Ewing's sarcoma cell surface antigen), and ultrastructural analyses of the tumor were consistent with Ewing's sarcoma. Search for other foci of this neoplasm by **bone** scan, full body computed tomographic scans, magnetic resonance imaging scans of the spine, and a **bone marrow aspiration** with biopsy failed to detect any soft tissue or bony involvement outside the cranium. This case appears to represent the first report of a primary extraosseous Ewing's sarcoma occupying the cranial subdural area.

L129 ANSWER 3 OF 9 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Recent studies of **bone** appetite in cattle.
SO ACTA PHYSIOL. SCAND. SUPPL., (1989) 136/583 (53-58).
ISSN: 0302-2994 CODEN: APSSAD
AB Cows depleted of phosphorus by loss of saliva from a parotid fistula and low dietary phosphate developed an avid appetite for **bones**. The behaviour is innate and predominantly cued by olfactory stimuli. Meat, blood or fat were not attractive and **bones** became more attractive after aging for 1.5-2.0 years. The appetite was also shown for guano-derived rock phosphate and bird excreta. There was no interest in inorganic calcium and phosphate salts or ashed **bone**. The attractant is therefore an organic constituent of aging **bone** and was found to be at highest concentration in the marrow fraction. Water, ether and **vacuum** distillation **extracts** of old **bone**

consistent with an eight-month-pregnancy. A chest X-ray showed a diffuse miliary infiltrate scattered throughout whole lung, especially in both lower lung fields, with a partially confluent pattern. Laboratory examination revealed accelerated ESR, positive CRP, and increased .alpha.2-globulin. The PPD skin test was negative. Arterial blood gas level of the patient breathing room air was as follows: PaO2 48.5 TORR, P2CO2 29.3 TORR, pH 7.42. Initial smears of sputum for acid fast **bacilli** were negative. An ophthalmoscopic examination disclosed the presence of choroidal tubercles, and a **bone marrow aspiration** showed giant celled caseating granuloma, which was of great value in establishing diagnosis of miliary tuberculosis. Intensive therapy with anti-tuberculosis drugs (isoniazid 400 mg, rifampicin 750 mg, and streptomycin 1 g daily) was started and supplemented with the use of diuretics, aminophilline, digitalis, and O2. Corticosteroids were administered, which appeared to be effective in reducing systemic toxicity and faster roentgenographic resolution. Recovery from hypoxemia steadily continued. The patient gave birth on June 23 and the baby had no signs of tuberculosis. This case report emphasizes the fact that miliary tuberculosis may present an acute respiratory failure symptom which may respond rapidly to a treatment with early and intensive use of anti-tuberculosis drugs and, in some case, corticosteroids.

L129 ANSWER 6 OF 9 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI The vascular system of **bone** marrow.
SO SCANNING ELECTRON MICROSC., (1980) 1980/4 (113-122).
CODEN: SEMYBL
AB Not only the arterial, but also the **low pressure** system of the **bone** marrow can be demonstrated by micro-corrosion casts using resins of low viscosity. Vascular-**bone** specimen are obtained by injection of self-curing resin and through subsequent maceration. The three-dimensional representation of the vascular pattern in **bone** marrow in the scanning electron microscope (SEM) enriches the interpretation of morphology and function of the **low pressure** system. The nutrient arteries enter the medullary canal and then progress in a spiral from branching into the metaphysis. The arterioles arise from the smaller arteries, further divide into smaller arterial capillaries which then drain into sinusoids which were conically enlarged. The three-dimensional and often hexagonal arrangement of the vascular framework is very evident. Increasing in width the **marrow** sinusoids **drain** into wider veins and lastly into the central venous canal. Apart from these medullary sinusoids, finely calibered thin-walled venous capillaries in a regularly anastomosing network can be found as an indication that the wide medullary sinusoids are to be considered as a functional state of active **bone** marrow.

L129 ANSWER 7 OF 9 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Marrow regeneration after mechanical depletion.

SO BLOOD, (1976) 48/5 (679-686).
CODEN: BLOOAW

AB The origin of marrow regeneration after mechanical depletion was reinvestigated in mouse chimeras. The results were compatible with the local origin of stem cells from remnants of incompletely **removed marrow**, but not with their origin from a common precursor of both **bone** and hemopoietic cell lines. In transplanted femurs depleted by a modified technique of in vivo **evacuation** of marrow, hemopoietic regeneration failed to occur. The presence of hemopoietic stem cells in the Haversian canals was thus excluded. The demonstration of ample hemopoiesis with minimal **bone** formation in nondepleted controls in which **bone** marrow initially became necrotic provided new evidence that osteogenesis was not a prerequisite of hemopoietic regeneration.

L129 ANSWER 8 OF 9 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.

TI Effect of cytostatic drugs on the kinetics of leukemic blast cells in man.

SO SCHWEIZ.MED.WSCHR., (1974) 104/8 (278-284).
CODEN: SMWOAS

AB This study was carried out by **aspirating bone marrow** samples before and after administration of the drug. Bone marrow specimens were studied by means of labeling with tritiated thymidine, determination of mitotic index, and ultramicrospectrophotometry of single cell DNA content. Often, these techniques were combined. From a cytokinetical point of view, the drugs studied can be subdivided into two main categories: drugs which apparently do not affect cells which are not in cell cycle, and drugs which affect cells in cell cycle but also have an effect on quiescent leukemic cells. Methotrexate, cytosine arabinoside, and vincristine belong to the first category. Methotrexate effectively stops the **flux** of cells through DNA synthesis but does not interfere with the transition from G1 stage to S stage, neither does it affect cells in G2 or mitosis. Cytosine arabinoside has a similar effect and slows down the progression of cells through DNA synthesis without causing an arrest as strong as that caused by methotrexate. However, the effect of drugs on the progression of cells through the cell cycle may be dose dependent. Vincristine is a metaphase arresting agent. It does not appear to influence the progression of cells through G1, S, and G2. Drugs of the second category are prednisone (in lymphoid cells), L asparaginase (in lymphoid cells), and daunomycine. The conclusion that these drugs also affect quiescent cells is based on the fact that a very quick and dramatic reduction in total tumor cell mass may take place after their application. Such rapid disappearance of neoplastic cells could not be explained from cell cycle effects alone. In addition, these drugs have cell cycle specific effects. Prednisone blocks the transition from G1 into S but does not interfere with the passage of cells through S, G2, and mitosis. L asparaginase slows down the passage of cells through DNA synthesis but apparently does not influence

transition from G1 into S. Daunomycine apparently inhibits DNA synthesis and blocks cells in G2. Possibly, the G2 block alone is sufficient to explain the observed cytokinetic alterations after daunomycine.

L129 ANSWER 9 OF 9 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Drug induced aplastic anemia.
SO SEMIN.HEMAT., (1973) 10/3 (195-223).
CODEN: SEHEA3
AB Experiences with 101 patients with aplastic anemia are reviewed with particular reference to diagnostic criteria, course, prognostic factors, treatment, and outcome. Aplastic anemia has been defined as that disease associated with pancytopenia, and a hypocellular bone marrow biopsy at some time in the course of the illness. Pancytopenia has been defined as a volume of packed red cells of less than 38 ml/100 ml, a total neutrophil count (polymorphonuclear plus bands and metamyelocytes) of less than 1800/cu mm, and a platelet count of less than 140,000/cu mm. Pancytopenia was observed in 83% of the patients on the initial examination, but, in all patients, later in the course of the illness. Leukopenia, monocytopenia, reticulocytopenia, and lymphopenia were observed, either initially or during the course of the illness, less frequently than anemia, neutropenia, and thrombocytopenia and were, therefore, of less diagnostic value. Generalized adenopathy and hepatomegaly were not features of the disease. Splenomegaly, up to but not more than 2 cm below the costal margin, was present in only 10% of the patients at the time of the initial examination. The disease was clearly drug induced in 51 patients, possibly drug induced in 19 patients, associated with **solvents** in 10, insecticides in 7, and of undetermined etiology in only 14. The onset of the disease was defined as the time of appearance of the first clinical manifestation. Bleeding, either alone or in combination with symptoms of anemia or infection, was the first sign of disease in 61 patients. The first clinical manifestation was related to anemia in 27 patients, and to infection in only five. The course of the aplastic anemia was the most variable feature of the disease, ranging from a fulminant course terminating in a few weeks to a chronic indolent course extending over as many as 15 yr. The course and outcome of the disease were determined primarily by the severity of the initial insult to the bone marrow as measured by the percentage of nonmyeloid cells in the initial **bone marrow aspirate**, the corrected reticulocyte count, and the total neutrophil count. These factors were of greater importance in determining the outcome of the disease than was the type of treatment employed. The studies failed to provide evidence that splenectomy, corticosteroid, or androgenic steroid therapy modified either the course or outcome of the disease.

=> d l132 1- ti
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=> d l130 1- ti

L130 ANSWER 1 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI [Mycobacterium avium complex infection: A growing problem in our environment].
INFECCION POR MYCOBACTERIUM AVIUM COMPLEX: UN PROBLEMA CRECIENTE EN NUESTRO ENTORNO.

L130 ANSWER 2 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Primary hepatic non-Hodgkin's lymphoma in children: A case report and review of the literature.

L130 ANSWER 3 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Primary extramedullary plasmacytoma of the liver.

L130 ANSWER 4 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Prospective evaluation of fever of unknown origin in patients infected with the human immunodeficiency **virus**.

L130 ANSWER 5 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI PCR enzyme-linked immunosorbent assay for diagnosis of leishmaniasis in human immunodeficiency **virus**-infected patients.

L130 ANSWER 6 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI [Disseminated infection by Mycobacterium genavense in patients with HIV infection. Description of 5 cases and review of the literature].
INFECCION DISEMINADA POR MYCOBACTERIUM GENAVENSE EN PACIENTES CON INFECCION POR HIV. DESCRIPCION DE 5 CASOS Y REVISION DE LA LITERATURA.

L130 ANSWER 7 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Acute renal failure with hyperuricemia as initial presentation of leukemia in children.

L130 ANSWER 8 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI First case of disseminated Mycobacterium avium infection following chemotherapy for childhood acute myeloid leukemia.

L130 ANSWER 9 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Hematologic and growth-related effects of frequent prenatal **ultrasound** exposure in the long-tailed macaque (Macaca fascicularis).

L130 ANSWER 10 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Sensitive detection of numerical and structural aberrations of chromosome 1 in neuroblastoma by interphase fluorescence in situ

hybridization. Comparison with restriction fragment length polymorphism and conventional cytogenetic analyses.

L130 ANSWER 11 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Fever of uncertain origin in patients infected with the human immunodeficiency **virus**.

L130 ANSWER 12 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Disseminated histoplasmosis: A cause of infection-associated hemophagocytic syndrome.

L130 ANSWER 13 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Isolation of Mycobacterium avium complex from **bone marrow aspirates** of AIDS patients in Brazil.

L130 ANSWER 14 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Evaluation of the bioeffects of prenatal **ultrasound** exposure in the cynomolgus macaque (Macaca fascicularis): III. Developmental and hematologic studies.

L130 ANSWER 15 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Refractile mycobacteria in Romanowsky-stained bone marrow smears: A comparison of acid-fast-stained tissue sections and Romanowsky-stained smears.

L130 ANSWER 16 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Hematogenous dissemination of Mycobacterium tuberculosis in patients with AIDS.

L130 ANSWER 17 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Mycobacteremia in acquired immune deficiency syndrome. Rapid diagnosis based on inclusions in the peripheral blood smear.

L130 ANSWER 18 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Prognostic significance of carcinoma cells in **bone** marrow of breast cancer patients.

L130 ANSWER 19 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Atypical mycobacterial infection of the gastrointestinal tract in AIDS patients.

L130 ANSWER 20 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI The diagnostic utility of **bone marrow aspiration** and biopsy in patients with acquired immunodeficiency syndrome.

L130 ANSWER 21 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Bone marrow in HIV infection. A comparison of fluorescent staining and cultures in the detection of mycobacteria.

L130 ANSWER 22 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.

TI Disseminated Mycobacterium avium-intracellulare infection and red cell hypoplasia in patients with the acquired immune deficiency syndrome.

L130 ANSWER 23 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Buffy coat transfusions in neutropenic neonates with presumed sepsis: A prospective, randomized trial.

L130 ANSWER 24 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Staging of small cell lung cancer.

L130 ANSWER 25 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Opportunistic infection complicating acquired immune deficiency syndrome. Clinical features of 25 cases.

L130 ANSWER 26 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI The diagnosis and staging of neuroblastoma.

L130 ANSWER 27 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Gaucher's disease: A typical adult case presentation.

L130 ANSWER 28 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI [Refractory anemia in the elderly].
ANEMIE REFRACTAIRE CHEZ LE SUJET AGE.

L130 ANSWER 29 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI In vitro transformation of cells from human neoplasms.

L130 ANSWER 30 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Clinical disposition of 5 fluorouracil administered by rapid injection, oral ingestion, and slow infusion.

L130 ANSWER 31 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Demonstration that transcobalamin I (TC I) is released by normal granulocyte precursors.

L130 ANSWER 32 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Studies on derivation of transcobalamin III from granulocytes. Enhancement by lithium and elimination by fluoride of in vitro increments in vitamin B12 binding capacity.

=> d l130 13,20 ti so ab

L130 ANSWER 13 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Isolation of Mycobacterium avium complex from **bone marrow aspirates** of AIDS patients in Brazil.
SO J. INFECT. DIS., (1993) 168/3 (777-779).
ISSN: 0022-1899 CODEN: JIDIAQ
AB Mycobacterium avium complex (MAC) infection has not been reported as a major opportunistic infection among patients with AIDS in Latin America or Africa. In this study, 125 AIDS patients who had

persistent fever, anemia, and leukopenia were examined among 2628 AIDS patients admitted to Instituto de Infectologia Emilio Ribas between May 1990 and April 1992. From the **bone marrow aspirates** of the 125 patients, MAC was isolated from 23 (18.4%) and Mycobacterium tuberculosis was isolated from 9 (7.2%). Between 1985 and 1990, only 11 MAC isolations among 60,000 cultures obtained from human immunodeficiency **virus** -seronegative patients were documented in Sao Paulo. Hence, the minimal estimated rate of MAC infection in AIDS patients in this city was 23/2628, or 0.88%. These findings suggest that MAC infection is an important opportunistic infection, especially among a subset of patients with AIDS in Brazil who have clinical characteristics and risk activities similar to those associated with MAC infections in North America and Europe.

L130 ANSWER 20 OF 32 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI The diagnostic utility of **bone marrow aspiration** and biopsy in patients with acquired immunodeficiency syndrome.
SO J. NATL MED. ASSOC., (1989) 81/2 (119-125).
ISSN: 0027-9684 CODEN: JNMAAE

=> d l131 1- ti

L131 ANSWER 1 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Efficacy and safety of intravenous midazolam and ketamine as sedation for therapeutic and diagnostic procedures in children.

L131 ANSWER 2 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Practical problems and the efficacy of intraosseous infusion: Solving the problems by employing an animal model.

L131 ANSWER 3 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI The use of oral transmucosal fentanyl citrate for painful procedures in children.

L131 ANSWER 4 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Secondary hypoplastic anemia in patients with familial amyloidotic polyneuropathy.

L131 ANSWER 5 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Use of intravenous midazolam for sedation in children undergoing ward procedures.

L131 ANSWER 6 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Midazolam for conscious sedation during pediatric oncology procedures: Safety and recovery parameters.

L131 ANSWER 7 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Anesthetic management of marrow harvesting from a 7-week-old premature baby.

L131 ANSWER 8 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Extracranial disseminations.

L131 ANSWER 9 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI **Bone** marrow peroxidases of spontaneously hypertensive rats.

L131 ANSWER 10 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI An observation scale for measuring children's distress during medical procedures.

L131 ANSWER 11 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Rapid detection of venous air embolism by mass spectrometry during **bone** marrow harvesting.

L131 ANSWER 12 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Purification and biochemical characterisation of a CFU-S proliferation inhibitor: Preliminary results.

L131 ANSWER 13 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Radiosensitivity of the organism exposed in a modified gas medium. IV. Comparative study of the effect of normal **pressure** oxygen breathing on proliferative activity of haemopoietic tissues and epithelial cells of the small intestine.

L131 ANSWER 14 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI The effect of joint position on juxta-articular **bone** marrow **pressure**. Relation to intra-articular **pressure** and joint effusion. An experimental study on horses.

L131 ANSWER 15 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Inhibition by arabinosylcytosine of DNA synthesis in **bone** marrows of relapsed AML patients.

L131 ANSWER 16 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Polyamine concentrations in **bone marrow aspirates** of children with leukemia and other malignancies.

L131 ANSWER 17 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Identification of 6 methylmercaptopurine ribonucleoside 5' diphosphate and 5' triphosphate as metabolites of 6 mercaptopurine in man.

=> d l131 2,7,16 ti so ab

L131 ANSWER 2 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
TI Practical problems and the efficacy of intraosseous infusion: Solving the problems by employing an animal model.
SO Medical Journal of the Islamic Republic of Iran, (1996) 10/3

(229-232).
Refs: 14
ISSN: 1016-1430 CODEN: MJIIER

AB In critically ill infants and children, intravascular (IV) access is sometimes very difficult. In such cases intraosseous (IO) infusion should be used as the method of choice. However, in practice, different problems are experienced with this procedure. To overcome the practical problems and to confirm the efficacy of IO infusion in reversing hypovolemic shock, an animal model was used by employing three rabbits. In rabbit I, after insertion of a 14-gauge **bone marrow aspiration** needle in the proximal tibia, the flow rate of normal saline was very slow by gravity, but **pressure** infusion devices including manual pushing with a syringe, blood **pressure** cuffs, or infusion pumps all increased the flow rate remarkably. In rabbit II, the circulation time of a dye given by IO route was very short; therefore drugs are expected to appear in the systemic circulation shortly after IO injection. In rabbit III, hypovolemic shock was induced by withdrawing blood and then, rapidly and successfully treated by IO infusion of normal saline.

L131 ANSWER 7 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.

TI Anesthetic management of marrow harvesting from a 7-week-old premature baby.

SO BONE MARROW TRANSPLANT., (1990) 6/6 (443-444).
ISSN: 0268-3369 CODEN: BMTRE

AB **Bone** marrow was harvested from a 3.95 kg premature 7-week-old female baby for donation to a 13 kg HLA-identical sister with severe aplastic anemia. Two hundred ml of donor **bone marrow** were **aspirated**, containing a calculated dose of 3 x 108/kg nucleated **bone** marrow cells for the recipient. This was equivalent to two-thirds of the donor's calculated blood volume (320 ml). Peri-operative care included invasive monitoring of intravascular **pressures**, arterial blood gas analysis, careful temperature control and the infusion of 150 ml of packed red cells, 150 ml of colloid and 50 ml of crystalloid. Rapid engraftment occurred. There were no complications and both donor and recipient are healthy 12 months later.

L131 ANSWER 16 OF 17 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.

TI Polyamine concentrations in **bone marrow aspirates** of children with leukemia and other malignancies.

SO BLOOD, (1976) 47/4 (695-701).
CODEN: BLOOAW

AB High **pressure** liquid chromatography analysis of polyamines in **bone** marrow from leukemic and nonleukemic subjects demonstrated increased concentrations of putrescine, spermidine, and spermine associated with increased cellularity. The most striking abnormality was the marked elevation of putrescine. **Bone** marrow polyamine analysis may be an adjunct for evaluation of leukemia patients.

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     FILE 'EMBASE' ENTERED AT 12:58:59 ON 30 JUN 1997

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L149          5 FILE WPIDS
L150        434 FILE BIOSIS
L151        402 FILE EMBASE
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L152        841 S HARVEST?(2A)L1
L153          0 FILE WPIDS
L154          0 FILE BIOSIS
L155          0 FILE EMBASE
     TOTAL FOR ALL FILES
L156          0 S L152 AND L25
L157          0 FILE WPIDS
L158          0 FILE BIOSIS
L159          0 FILE EMBASE
     TOTAL FOR ALL FILES
L160          0 S L152 AND L75
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